

**HEALTH**

**IN**

**BERKSHIRE**

**1970-1971**

*The report of the*  
**COUNTY MEDICAL OFFICER**  
*and*  
**PRINCIPAL SCHOOL MEDICAL OFFICER**  
*for 1970-71*



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## INTRODUCTION

### *Reorganisation*

In my last report I referred to the publication of a Green Paper on reorganisation of the National Health Service, as well as the "Seebohm" report and the report of the Royal Commission on Local Government.

1970 saw the publication of the second Green Paper. This conveyed the Government's decision to unify the National Health Service outside Local Government. However because of the essential links between environmental health, education and social services, which were to remain within Local Government, it was essential to match health authorities with the new local authorities. A Berkshire health authority would thus have been co-terminous with the proposed unitary authority 52. Regretfully, it also accepted the need to make arbitrary divisions between services which would be administered by the two types of authority. Thus one of the objectives of the first Green Paper - "the unified administration of the medical *and related* services in an area by one authority" had to be abandoned. There were two other major changes in the second version. The new Secretary of State accepted the need for local participation in running the service, and met this by a proposal to set up district committees of the Area Health Board. In Area 52 we would have had three such district committees based on Reading, Windsor or Slough and on Basingstoke. The second difference was the acceptance of the need for some regional strategy in developing the major hospital and specialist services: for this purpose Regional Health Councils would have been set up to advise the Secretary of State and the Area Health Boards.

Whilst the National Health Service had to be content with a second Green Paper, and Local Government with a White Paper, the Seebohm proposals were translated into a Social Services Act creating new Social Services Departments which would embrace responsibilities of the then Children's Department, Welfare Services Department and some of the functions previously carried out by the Health Department.

In 1971, following the change of Government, proposals for Local Government reorganisation were modified - unitary authorities being replaced by a two tier system of counties and districts. The proposed County area 39 still included Reading and South Oxfordshire, Slough and Eton, but no longer Basingstoke. The Local Government Bill published later in the year proposed the exclusion of South Oxfordshire and much of Eton Rural. It would not be proper for me to comment on this last minute change vis-a-vis Local Government services, but I have no hesitation in saying that the exclusion of these areas - which for hospital purposes so clearly drain into Reading and Slough respectively - will create problems in integrating health services in those areas.



Whilst Local Government reorganisation proceeded to the stages of a Bill, the N.H.S. had to mark time with a further consultative document. Like the second Green Paper of the previous Government, it accepted the main principle of integration outside Local Government - as well as the consequential need to ensure co-terminous boundaries. The main differences were that it added a Regional Health Authority as a tier directly between the Area Health Authority and Department of Health and Social Services, and replaced district committees with community health councils outside the management structure as the means for public participation.

The Secretary of State set in motion two further studies, one to determine the best means of achieving collaboration between the new A.H.A.'s and Local Government, and the second dealing with the management structure of the new health authorities. The Department's Management Study Team were anxious to test certain of their hypotheses in a few of the proposed new areas, and the Area 39 Health Services Co-ordinating Committee was delighted to accept an invitation to become one of the "test" areas during the first half of 1972.

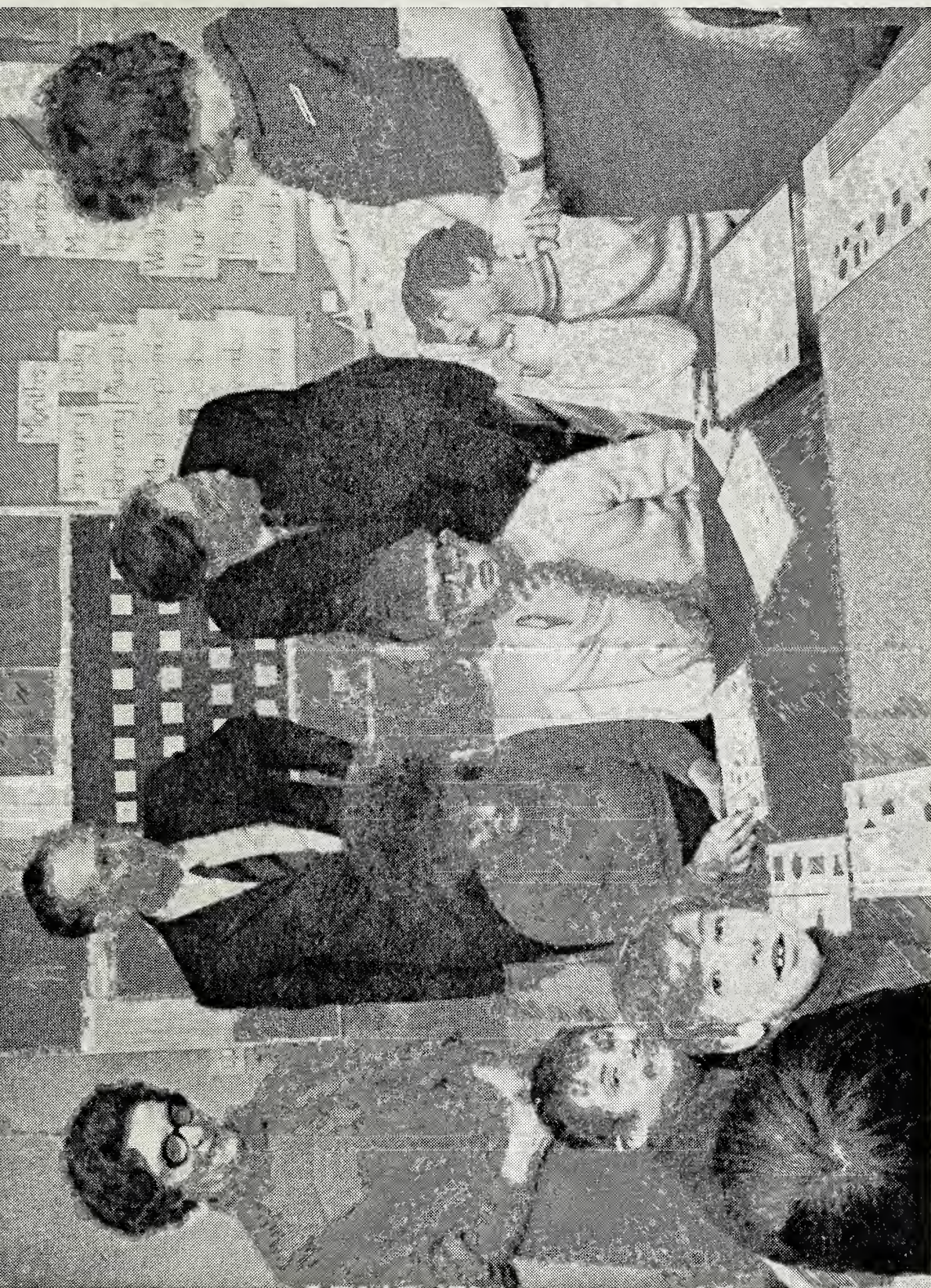
We now await a White Paper and we know that a Bill cannot be introduced until the Parliamentary session starting in late 1972. It was in 1967 that the then Minister of Health first announced that he was setting in train an examination of the new administrative structure of the medical and related services for which he was responsible. It will obviously be well into 1972, perhaps early 1973, before we have any clear idea of the future pattern and this prolonged uncertainty has led to much understandable though unfortunate anxiety amongst those members of the staff who are most likely to be affected.

### *Education of Mentally Handicapped Children*

One of the outstanding achievements of the Health Committee in the past few years has been development in this field, not only of much needed modern buildings but more importantly our approach to the needs of these children. The Health Committee has seen mental handicap as basically another type of handicap for which children need special educational help. We abandoned long ago the formal ascertainment of these children as "ineducable" (or later "unsuitable for education in school") and substituted for this an informal procedure where we advised parents that we could offer more appropriate help in the type of school being provided by the Health Committee.

If these children need education suited to their aptitudes and abilities the primary need is for appropriately skilled teachers. The Committee has now seen the fruits of its training programme since with one exception the teachers all hold the Diploma of the Training Council for Teachers of the Mentally Handicapped - or in case of some of the





**Fig. 1.** Lord Belstead visiting one of the classrooms at Berek School, Bracknell, following the official opening  
With him are Mrs. Miles, the Head Teacher, and Dr. Cullington.



staff involved in the Bennett House "experiment" an E.S.N. certificate. Second only is the need for adequate buildings. Here we have had the most willing and enthusiastic co-operation of the Director of Education and his staff, not only in facilitating the siting of our schools on educational campuses - many adjacent to existing E.S.N. schools - but with help in design of buildings which we believe are in advance of those in the D.H.S.S. Building Notes. An example of this is the Berek School, Bracknell which was opened by Lord Belstead, Parliamentary Under Secretary of State for the Department of Education and Science.

It has long seemed logical that responsibility for the education of these children should be in the hands of the Education Committee and this is something that I have strongly advocated in other places. We were thus pleased when in April, 1971, responsibility was transferred to the Department of Education and Science. In Berkshire we believe that we have handed over to our educational colleagues staff and schools of a quality which are not surpassed by those of any other health authority. We are equally certain that under the guidance of educational colleagues we shall see further developments and improvements beyond those we could have achieved with our resources.

### *Social Services Act*

The new Social Services Committee took over its responsibilities in April, 1971. Changes are always unsettling to staff and the delay in appointing the first Director of Social Services - for reasons entirely outside the control of the County Council - made it much more difficult to maintain morale amongst the staff due for transfer to the new service. We were delighted when Mr. Frank eventually took up his duties, and also that Mr. Pat Oakley, Principal Social Worker in charge of our joint Health and Welfare Social Work section was appointed one of the Assistant Directors of the new department.

We were pleased to continue day-to-day responsibility for the administration of a number of the services due for transfer until the new department had had an opportunity of creating its new management organisation. We hope that the steps that the Health and Welfare Services Committees took in establishing a joint social worker service - albeit at an early stage of development - made the transfer slightly easier than had there been two separate groups.

In the field of mental handicap the Health Committee had quite deliberately given priority to the development of services for children. Whilst we were thus not able to hand over a single purpose-built workshop or any adult hostel, a very considerable amount of planning work had already been undertaken by the Committee. We had acquired a number of sites and several projects were well advanced in design or in construction.



## *School Health Service*

The second Green Paper had said clearly that the School Health Service would be a responsibility of the Area Health Boards. The statement in the consultative document "future arrangements for the school health service will require special consideration" consequently created unfortunate anxiety amongst those currently working in the service. Health is a continuum and measures to promote health and prevent illness must start in the antenatal period, be carried on through the neonatal period, in infancy, during school life and into adolescence and maturity. Integration of the health service is meaningless if we do not achieve integration of the child health service.

Having said this it must be stressed equally firmly that the school health service will need to be provided in close liaison with education authorities as at present, and also that the L.E.A. will have a continual need for medical advice so as to carry out responsibilities which will remain with them - not least in placing of handicapped children. Whilst the proposals of the Collaboration Working Party are awaited, it is expected that a doctor employed by the A.H.A. in its own child health service, and acceptable to the L.E.A. will be seconded to it for this purpose.

In the section on the School Health Service, which has been written by Dr. Cima, Principal Medical Officer, as well as in the contributions by the Chief Nursing Officer and the Principal Speech Therapist, we have three independent references to the problems of unsatisfactory accommodation. It is desirable that wherever possible children should be seen at school not only for convenience and because they will feel more at home than in a clinic or health centre but also because of the invaluable contacts with teachers. Many schools however have no medical room: sometimes even where one was provided originally this may have been taken over for a secretary or deputy head as the school enlarged without the necessary extra provision. The current D.E.S. building procedures make no specific allowance for the provision of a medical room and if one is provided the architect has to find it out of the total space allocated. An added complication is that with the trend towards open planning in the newer schools it is less easy to find a quiet room. Discussions have been held with the Director of Education and the County Architect and arising from this it is hoped that the problem can be minimised in future schools. It is however a problem which also needs recognition and action at national level.

In his report on the school dental service Mr. Ogilvy records the welcome acceptance by the Council of a three-year development programme. The new-style dental caravans which he also mentions have been developed very largely on his initiative and interest. Beside being spacious they embrace a flexibility of design which has created interest outside the county and has also been used as a basis for our mobile chiropody clinics.

## *Fluoridation*

Mr. Ogilvy also draws attention to the need to give greater priority to the development of measures to prevent dental disease, and says "fluoridation of water supplies remains the one method which, above all others, will have the greatest effect in countering this prevalent disease." Fluoridation was again considered by the new Health Committee in 1970. Special attention was given to two areas where Berkshire was in effect holding up the schemes wanted by others. The first of these related to the area of supply of the Middle Thames Water Board who were believed to be willing to fluoridate their water and where Bucks County and Slough Borough were strongly in favour - as was Windsor Borough, the only district in Berkshire supplied from this source. The second related mainly to the Windsor Rural area supplied by another water board and where Surrey and a neighbouring London Borough were in favour of fluoridation. The Committee recommended that a start should be made in these two areas but the County Council, although by a smaller majority than on previous occasions, again rejected the principle.

The Department of Health and Social Security has asked medical officers of health to comment specifically on this topic. I can do no better than to refer them to comments of their own Chief Medical Officer in his annual report for 1970 where he says "few preventive medical procedures are better authenticated, so totally free from risk, or so certain of achieving a universally favourable result" and "... it is lamentable that this is still obstructed by prejudice unsupported by credible scientific evidence."

## *Health Centres*

Another field in which the D.H.S.S. specifically asks for comments relates to co-ordination and co-operation of the Health Department's services with the hospital and family doctor services. Now that we have had nursing attachment "schemes" covering all practices in the county for six years, together with cross boundary arrangements with the majority of our neighbours, there is little to say except that it is now impossible to conceive working under any other system.

The new National Health Service of 1948 was confidently expected to lead to massive development of health centres. This never materialised, perhaps largely due to the prejudices and fears of general practitioners about the possibility of control or even interference by councils and their medical officers of health. With a steady building up of mutual confidence, the realisation that the G.P., the County Council and Executive Council are joint partners in providing a community service of prevention and primary care for the family unit, perhaps coupled with the increasingly crippling expenditure involved for young new doctors who have both to purchase a home and a share of surgery accommodation, there has however been a sudden quickening of interest in health



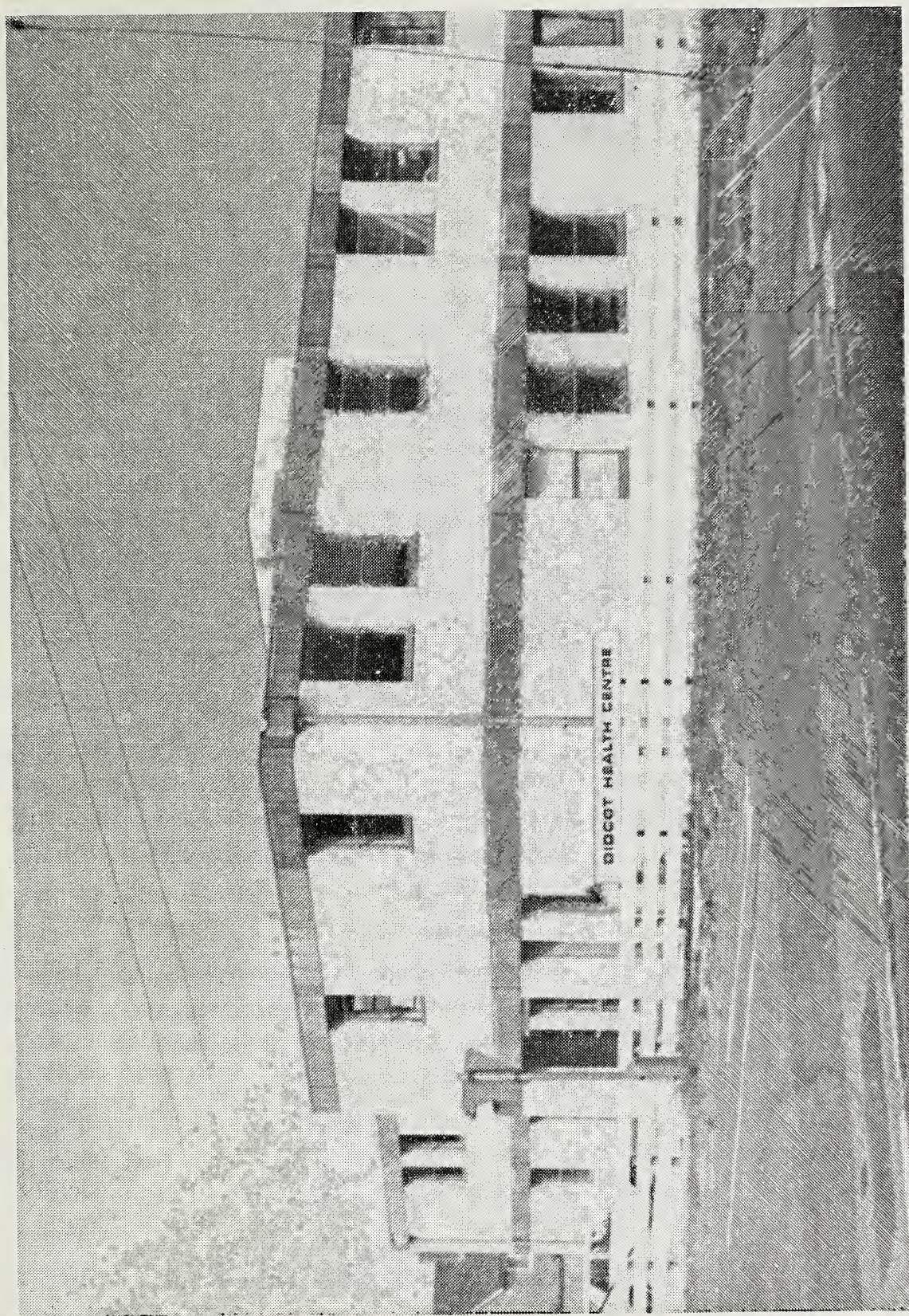


Fig. 2. DIDCOT HEALTH CENTRE



centre development. Whilst this is welcome the pace has been embarrassing in that it has been impossible to satisfy all requests as rapidly as we would have wished. The creation in the department of a development and planning section, together with the setting up of a Joint Health Centres Committee between the Health Committee and the Executive Council, should go a long way to anticipating demands and meeting them without undue delay.

We were privileged to have the Chief Medical Officer of the Department, Sir George Godber, to open our first purpose-built health centre at Didcot, along with the neighbouring ambulance station, in October, 1971. He also paid an informal visit to the mini-centre at Finchampstead which has been developed as a joint exercise between the practice who built and own the surgery wing and the County Council who own the remaining part of the building: the entrance hall, waiting space and reception facilities are shared.

The variety of other schemes in the pipeline is particularly pleasing - as is the co-operation received from other bodies. In particular a number of schemes are being developed in partnership with the Oxford Regional Hospital Board. One at Wantage involves a "section 21" health centre for the two partnerships in the town which is to be built in the grounds of and attached to the Wantage Hospital. At Abingdon there is a joint development with the new out-patient facilities at the Marcham Road Hospital. Here the County Council will pay for and own its own part of the building, the Regional Board is acting as our agent with the architectural work and the building contract which will be let as one. At Wallingford, where the health centre will be an integral part of the new community hospital, the building work is being undertaken entirely by the Board and the County Council will pay a rental. Although progress with the health centres in Bracknell has unfortunately not kept pace with the development of new housing units we have had full co-operation from the Bracknell Development Corporation and its officers.

### *Family Planning*

Far reaching decisions were taken during the period under review. At the beginning the Council's attitude was one of encouragement of the activities of the voluntary planning clinics: concrete assistance was limited to a very small number of women who fell into well defined "medical" or "social" categories. Encouraged by the new approach of the Finance Committee to the formation of budgets, the Health Committee begun a more radical examination of its objectives - and decided to give much greater priority to a number of services which were basically preventive in approach. Family planning of course was one of these.

The Council accepted the principle that all requiring family planning advice should receive this free of charge although, except for certain "medico-social" cases, they would pay for pills and appliances. It was however necessary to accept the phased introduction of this scheme over a three year period.



Further discussions were held in 1971 with the representatives of the family planning clinics and also with obstetricians, G.P. representatives and our colleagues in Reading in the light of the forthcoming reorganisation of the National Health Service. As a result of this it was agreed that there would be a planned but gradual assumption of direct responsibility for the service by the statutory authorities, the transfer having been smoothly achieved before the new Area Health Authorities take over in 1974.

Family planning provides a classic example of the vital role of voluntary bodies in our society. Starting over a half century ago against prejudice and bitter opposition, they first won grudging acceptance, next moral support, then increasing financial help until finally when the need had been established - accepted that responsibility should be handed over to an appropriate statutory body. Here, as in other fields, one should pay respect to the pioneers and to the very numerous people who have given of their time and energies voluntarily to such services.

### *Ambulance Service*

Towards the end of 1971 agreement was reached with Reading Corporation on the principle of establishing a joint ambulance service. The system in Reading, with the ambulance service under the Transport Officer, would in any case have had to cease in 1974, and the retirement due to ill health of the County Ambulance Officer made this an opportune moment for a joint appointment. Mr. J. M. Wilby, Chief Ambulance Officer of Plymouth was appointed as Joint Chief Ambulance Officer although he did not take up his duties until early in 1972.

Mrs. Forward, ambulance attendant of the Windsor Ambulance Station, and a frequent winner of local competitions, achieved a notable success in 1971 going through to the national finals and receiving the cup as the national champion attendant of the year.

A considerable volume of the work continues to be undertaken by the Hospital Car Service. We are grateful to the considerable number of drivers who continue to give of their time voluntarily to this important task. This provides an example of another important role for voluntary help - the assistance given over a long period by a number of individual volunteers working within the framework of a statutory service.

### *Nursing*

The Chief Nursing Officer Mrs. Gettings left towards the end of 1971 to take up a post as Nursing Officer at the Scottish Home and Health Department. Again with 1974 in mind discussions were held with Reading with a view to establishing a combined nursing service. The principle was accepted by the two Health Committees and it was with regret on both sides that we were unable to agree on the means by which this could be achieved, and it was decided to advertise the vacant county post.

*Chairman*

We were sorry that Major Fairfax Harvey relinquished the chairmanship of the Health Committee but pleased at his subsequent election by the Council as an alderman. He was succeeded by Mr. R. Smith who has brought with him an intimate knowledge of the health service. The thanks of the staff are due both for their keen interest in the working of the department and in the problems which will face us as 1974 approaches.

JULY, 1972

D. E. CULLINGTON

*County Medical Officer and*

*Principal School Medical Officer*



## TABLE OF CONTENTS

	PAGE
Introduction . . . . .	1
Section 1      Vital Statistics . . . . .	12
Section 2      Infectious Diseases, Immunisation. . . . .	14
Section 3      Care of Mothers and Young Children . . . . .	18
Section 4      School Health Service . . . . .	23
Section 5      Nursing Services . . . . .	31
Section 6      Home Help Service . . . . .	35
Section 7      Prevention of Illness, Care and After Care . . . . .	35
Section 8      Mental Health Service . . . . .	38
Section 9      Ambulance Service . . . . .	41
Section 10     Health Centres and General Health Services . . . . .	45
Appendices    A.    Membership of Committees . . . . .	49
B.    Health Department Staff . . . . .	50
C.    Statistical Tables	
1.    Infectious Diseases . . . . .	54
2.    Causes of Death . . . . .	56
3.    Mental Health . . . . .	60
4.    Ambulance Service . . . . .	62
5.    School Health Service . . . . .	63

## 1. VITAL STATISTICS

### POPULATION

In 1970 the mid-year estimate of population reached 500,000. The annual increase is falling off, and during each of the last two years has averaged just under 8,000.

### BIRTHS

Having fallen steadily from the peak year of 1965, the annual number of live births appears to have levelled out - the figures of 8,745 for 1970 and 8,766 for 1971 in fact slightly exceeding the 1969 total. Allowing however for the still increasing population the birth rate continues on a downward trend.

Figures show that the number of first, second or third babies has remained remarkably constant since 1966. The reduction has come in the fourth, fifth and sixth babies - suggesting that families may increasingly be limiting size to two or three children.

### INFANT DEATHS

106 infants under the age of one year died in 1970. Of these, 69 died under 4 weeks of age and 61 were under the age of one week. 3 of the 106 were illegitimate.

In 1971, there were 112 deaths under the age of one year, 81 under the age of 4 weeks and 75 under the age of one week. 5 of the 112 were illegitimate.

The infant mortality rate indicates the deaths under 1 year per 1,000 live births. The deaths of infants under 4 weeks is indicated in the neo-natal mortality rate, deaths under one week is expressed in the early neo-natal rate whilst the perinatal mortality rate indicates the still births and deaths under one week combined per 1,000 total live and still births.

### DEATHS

With an area comparability of 1.11 the local adjusted death rate was 9.4 in 1970 and 9.7 in 1971. Full details of the causes of deaths are contained in tables in the appendices.



SUMMARY	1970	1971
Population (Mid-year estimate) . . . . .	503,770	513,650
Live Births—Number . . . . .	8,745	8,766
Rate per 1,000 pop. (crude) . . . . .	17·4	17·1
Rate per 1,000 pop. (adjusted) . . . . .	16·2	15·9
Illegitimate Live Births (per cent of total live births) . . . . .	5	5
Stillbirths— number . . . . .	88	96
rate/1,000 total live and stillbirths . . . . .	10	11
Total Live and Stillbirths . . . . .	8,833	8,862
Infant Deaths (Deaths under one year) . . . . .	106	112
Infant Mortality Rates—		
Total Infant Deaths/ 1,000 total live births . . . . .	12	13
Legitimate Infant Deaths/ 1,000 legitimate live births . . . . .	12	13
Illegitimate Infant Deaths/ 1,000 illegitimate live births . . . . .	7	11
Neo-natal mortality rate . . . . .	8	9
Early neo-mortality rate . . . . .	7	9
Perinatal mortality rate . . . . .	17	19
Maternal Mortality (including abortion)—		
Number of deaths . . . . .	NIL	NIL
Deaths—number . . . . .	4,266	4,446
rate per 1,000 population (crude) . . . . .	8·5	8·7
rate per 1,000 population (adjusted) . . . . .	9·4	9·7

## BIRTHS

Of the 8,745 live births notified during 1970, 453 were illegitimate. Four of the 88 stillbirths were also illegitimate. The live birth rate (crude rate) was 17·4 and with an area comparability factor of 0·93, the locally adjusted live birth rate was 16·2.

During 1971 there were again 453 illegitimate live births and the illegitimate still births totalled 16. The crude live birth rate was 17·1 and the adjusted rate 15·9.

## 2. INFECTIOUS DISEASES AND IMMUNISATION

### NOTIFICATIONS

The following diseases were notified during the two years :—

	1970	1971
Measles . . . . .	1,766	2,439
Whooping Cough . . . .	38	171
Dysentery . . . . .	32	70
Scarlet Fever . . . . .	190	123
Tuberculosis . . . . .	80	80
Infective Jaundice . . .	81	85
Foodpoisoning . . . . .	68	52
Malaria . . . . .	1	1
Typhoid Fever . . . . .	—	3
Paratyphoid Fever . . .	—	—
Acute Poliomyelitis . . .	1	—
Acute Encephalitis . . .	—	1
Ophthalmia Neonatorum .	—	12
Acute Meningitis . . . .	10	4
Leptospirosis . . . . .	—	—
Tetanus . . . . .	—	1

Full details of the diseases notified in each of the Borough, Urban and Rural Districts are contained in tables in the appendices.

### MEASLES

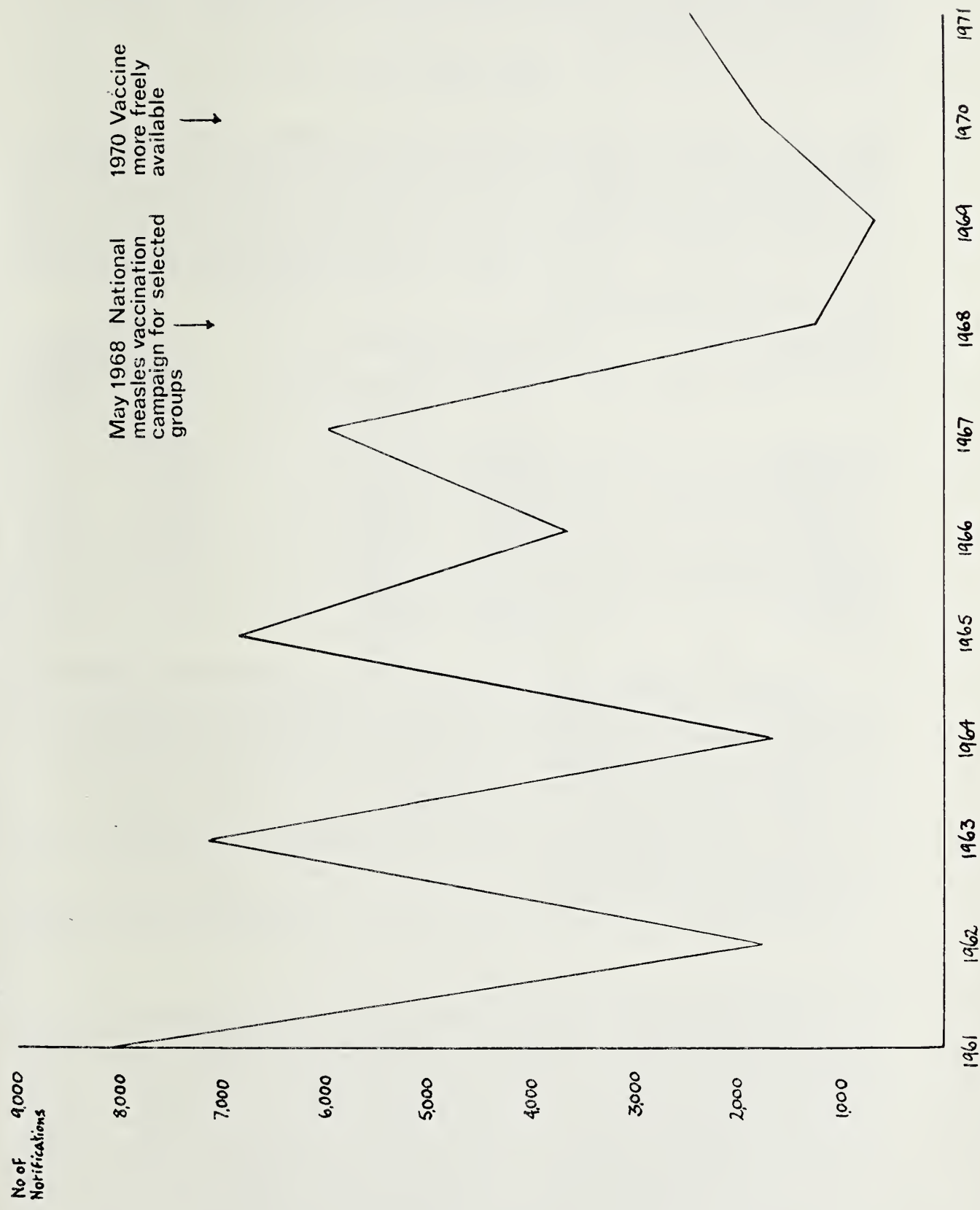
Although measles continued to be responsible for the majority of cases of notifiable infectious disease, figure 3 shows that the incidence has been far lower during the last three years than would have been expected without the vaccination scheme.

The low figure for 1968 was to be anticipated on the biennial pattern, but the commencement of vaccination of selected age groups of children that summer must have led to the all time low of 1969 instead of the usual epidemic. Had 1969 been an epidemic year 1970 might in any case have not produced more cases than it did, and the 1971 total is still low for what would again have been an epidemic year.

Nevertheless the total was disappointingly high especially since vaccine has been freely available since 1970. The cases mainly occurred in young children and the 2,439 children who caught the disease in 1971 had, with only one or two exceptions, not been vaccinated. It is disturbing that so many parents failed to have their children protected, and it is to be hoped that the computer programming scheme described below will help to ensure that the majority are vaccinated in future.



Fig. 6. Number of cases of measles reported within the County, 1961 to 1971



## POLIOMYELITIS

There was only one case notified and the man concerned contracted the disease abroad. Unfortunately extensive paralysis occurred as a result of the infection.

## IMMUNISATION

The Council's scheme provides for immunisation against smallpox, diphtheria, whooping cough, tetanus, poliomyelitis, measles, rubella and tuberculosis. Protection is offered to persons in the appropriate age groups at local authority clinics and through family doctors. Selected groups of persons are also eligible to be immunised against rabies and anthrax if they are considered to be at risk of contracting these diseases in the course of their work.

IMMUNISATIONS UNDERTAKEN	COMPLETED PRIMARY		REINFORCING	
	COURSES		IMMUNISATIONS	
	1970	1971	1970	1971
Smallpox	7,990	—	3,176	—
Diphtheria	8,091	7,893	10,631	6,716
Whooping Cough	7,899	7,798	2,971	—
Tetanus	8,091	7,879	11,048	7,147
Poliomyelitis	7,768	7,743	10,220	6,257
Measles	11,760	11,965	—	—
Rubella	2,768	2,614	—	—
B.C.G.	3,604	4,042	—	—

Routine smallpox vaccination was discontinued in 1971. With the discontinuation of reinforcing diphtheria, whooping cough, and tetanus injections at the age of 18 months in 1970, following the introduction of a new immunisation schedule it will be noted that the number of reinforcing immunisations decreased in 1971.

Due to the shortage of medical and nursing staff it was again not possible to offer reinforcing doses of tetanus and poliomyelitis vaccine to 15-year-old school children.

By the end of 1971, 86% of the children born in 1969 had been fully protected against whooping cough, diphtheria, tetanus and poliomyelitis.

## IMMUNISATION - NURSING STAFF

In recent years attached nursing staff have undertaken immunising procedures under the supervision of the general practitioners but these were restricted to the occasions when the doctor was present in the surgery or clinic premises. During 1969, in-service training was arranged for selected nurses to enable them to carry out such procedures under a doctor's supervision but without the need for him to be present at the time of the injection. This training included detailed information on prophylaxis and the emergency treatment of anaphylactic shock.

Further in-service training courses were held in 1970 and 1971, and these courses are now held on a regular basis to meet the needs of new nursing staff appointed to the county nursing service.



## RUBELLA VACCINATION

In July 1970, Circular 11/70 was issued by the Department of Health and Social Security stating that the joint committee on vaccination and immunisation had recommended that vaccination against rubella should be offered to all girls between their eleventh and fourteenth birthdays.

The Secretary of State had accepted this recommendation and asked all local authorities to make arrangements for a scheme of vaccination as soon as possible, indicating that the supply of vaccine would be issued free of charge from the Department between September 1970, and March 1971, but that local authorities would be responsible for the purchase of vaccine from 1st April 1971.

Rubella vaccination was introduced in the County in September 1970, and vaccination was offered to all girls in the thirteen year age group. The aim of this vaccination programme is not to eradicate rubella from the community but to protect girls before they reach childbearing age, and thus eliminate the risk of foetal malformations due to rubella in early pregnancy.

Special visits were made to secondary schools during 1970 and early 1971, to carry out vaccinations and vaccination is now offered as a routine to girls when they reach the age of thirteen.

B.C.G. vaccination continued to be offered to all school children but arrangements were made at the end of 1971 to introduce vaccinations at the age of twelve years rather than thirteen in order to avoid clashing with the rubella vaccination programme.

## RABIES VACCINATION

In November 1971, Circular 55/71 gave approval for local authorities to make arrangements for the vaccination against rabies of those exposed to special risk of contracting the disease in the course of their work.

It was ascertained that there were a number of persons in the County who were in contact with animals liable to develop rabies and accordingly rabies vaccination was made available to them.

The vaccination schedule consists of two doses given six weeks apart followed by a reinforcing dose six months later. A reinforcing dose is then required annually.

## COMPUTER SYSTEM FOR IMMUNISATION

From 1st April 1971, details of all births to Berkshire parents were recorded on the County Council's computer. From this information together with details supplied by the health visitors it became possible to send appointment cards to parents inviting them to take their children at the appropriate time to their doctor's surgery or to the local child health clinic, according to their wishes, for the primary courses of immunisation. At the same time, the surgeries and clinics can be informed of the children who are due to attend for immunisation.

The first appointment postcards were sent out in September, 1971, when the first children whose records were held on the computer were due to be immunised. By the end of the year these children had received their second courses of triple antigen and polio vaccine under the computer system.

All local authority immunisation clinics and the majority (about 85%) of Berkshire general practitioners are taking part in the computer appointment scheme. Under this system it is much less likely that any children will "slip through the net"; if an appointment is not kept further appointments are automatically sent to the parents. There is also a considerable reduction in form-filling by secretarial and nursing staff. The details held on computer files are also used to print health visitor's record cards, provide statistical information for district medical officers of health and are used to provide the Education Department with information for school population forecasting.

### **3. CARE OF MOTHERS AND YOUNG CHILDREN**

#### **ANTE-NATAL CARE**

Early ante-natal care is encouraged and patients requiring domiciliary confinement continued to be carefully selected. In 1970, only 781 births took place in the home and the proportion of domiciliary confinements to institutional births was even less in 1971.

Figure 3 illustrates how, over the last six years, domiciliary confinements have progressively decreased and deliveries in consultant units progressively increased. Although the proportion of deliveries undertaken in g.p. maternity units has remained fairly steady, this probably hides a swing from home to g.p. unit and a similar swing from g.p. unit to consultant unit - suggesting an improvement in selection.

#### **MOTHERCRAFT AND RELAXATION CLINICS**

These clinics were held at regular intervals all over the County. 8,603 mothers attended these clinic sessions in 1970, and 10,438 attended during 1971.

#### **CONGENITAL MALFORMATIONS**

Under the national scheme for the registration of congenital malformations discovered at birth and recorded on the birth form, 159 babies with a total of 191 abnormalities were notified in 1970.

During 1971, there were 105 babies notified with a total of 173 abnormalities.



Details of the distribution of malformations during the last four years are as follows :—

	1968	1969	1970	1971
Central nervous system. . . . .	38	35	48	42
Eye and ear . . . . .	7	8	6	3
Alimentary system . . . . .	25	22	21	26
Heart and circulatory system . . . . .	—	3	1	3
Respiratory system . . . . .	—	7	2	—
Urino-genital system . . . . .	9	27	16	21
Limbs. . . . .	34	46	57	38
Other parts of musculo-skeletal system . . . . .	2	2	4	4
Other systems . . . . .	13	6	14	12
Other malformations . . . . .	10	16	22	24
Total number of malformations . . . . .	138	172	191	173
Total number of cases . . . . .	117	135	159	105

Whilst variations in number from year to year in one authority are of little significance, the national totals can be analysed by sophisticated statistical techniques and any changes picked up at an early stage.

CHILD HEALTH CLINICS

The routine assessment of developmental progress in children during the first four years of life has been extended to the majority of the child health clinics throughout the County and as more medical officers and health visitors receive special training in developmental assessment procedures, it will be possible to provide this type of assessment at all the clinics.

Routine screening procedures will identify minimal handicaps that might affect the physical, mental, social or educational development of a child. Such procedures need to be undertaken and repeated at selected ages during a child's early life.

1,822 clinic sessions were held during 1970, and 14,416 children were seen at these sessions. In 1971, 1,612 sessions were held and 12,813 children attended. Three clinics closed in 1970, two clinics closed in 1971, and two new clinics opened during 1971.

NURSERIES AND CHILD MINDERS

At the beginning of 1970, there were 200 registered child minders in the County and this number had increased to 257 at the end of the year. 670 children were attending these child minders in their homes.

The number of registered nurseries and playgroups increased from 148 in January 1970, to 156 at the end of the year and there were then places for 3,858 children in these establishments.

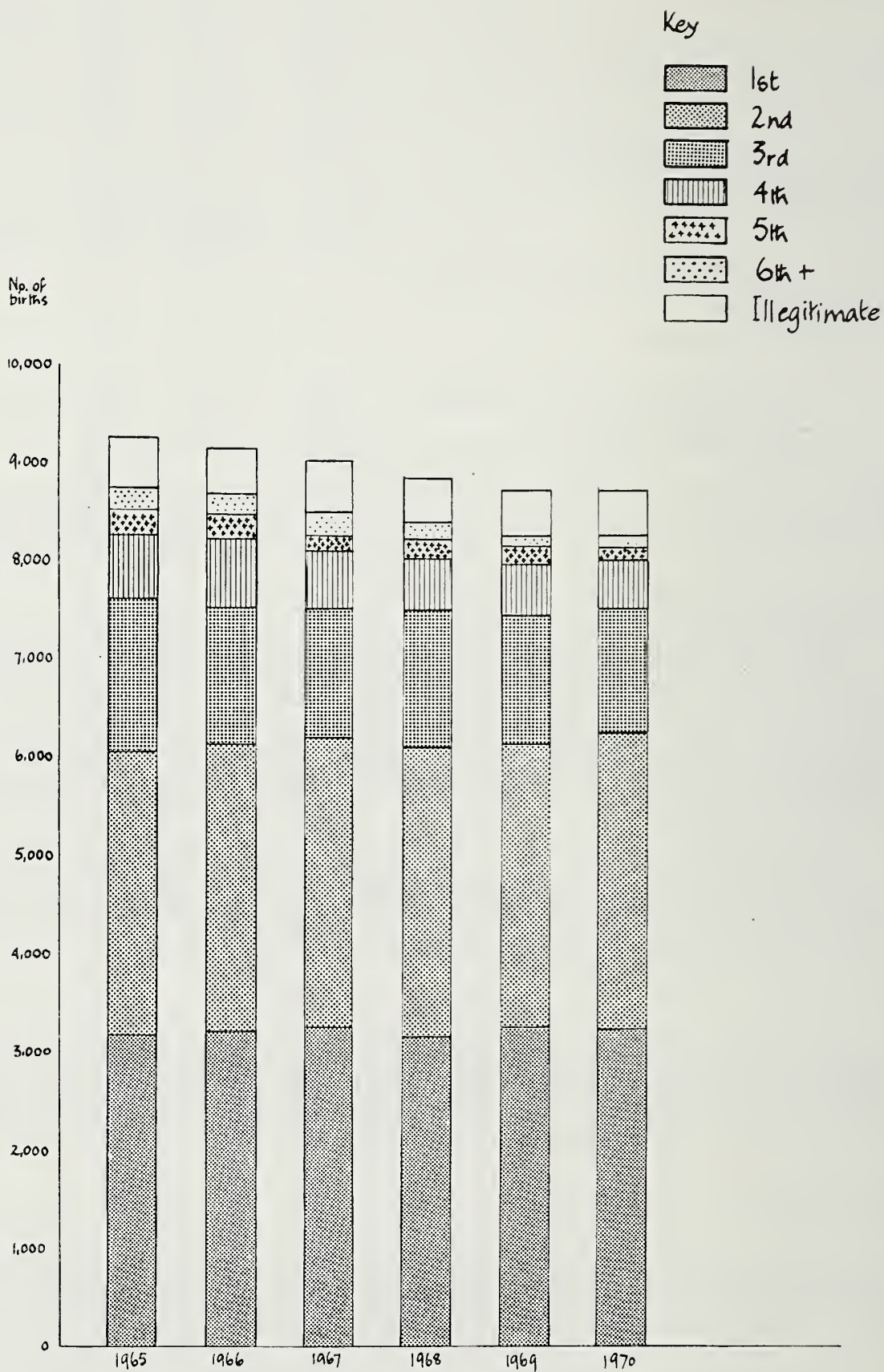


Fig. 4. Parity of Live Births, 1965 to 1970



## FAMILY PLANNING

The Clinic Service continued to be provided by the voluntary agencies with the Family Planning Association covering the majority of the County and the Slough and District Family Planning Clinic administering the clinics in Maidenhead and Windsor. Throughout 1970, the County Council paid an agreed annual charge to cover consultations and supplies to the voluntary clinics for each woman treated on medical grounds or on social grounds at the recommendation of a Health Visitor. Payment for social reasons was in general limited to cases where the family financial circumstances were at about the level of Social Security Allowances, but as the number being referred for treatment was less than had been anticipated, approval was given for a small number of women to receive free treatment irrespective of their financial circumstances provided the Health Visitor concerned considered that the social circumstances made it essential for the women to be treated.

During the year 75 new cases received free treatment on social grounds and 55 new cases on medical grounds, while 39 women continued to receive treatment for the second year. In addition the County Council accepted financial responsibility for the cost of treatment provided by family doctors in 10 cases where family financial circumstances were at Social Security level. Under the domiciliary scheme in the Newbury area, 8 new patients who could not attend the clinic received treatment in their own homes.

During 1970, the Family Planning Association published details of the National Agency Scheme and a meeting was held with representatives of the Oxford and Chiltern Branches of the Family Planning Association and of the Slough and District Family Planning Clinic to consider the steps that should be taken to develop the Family Planning Service in the County. Following the meeting a report was submitted to the Health Committee, who decided to recommend to the County Council that Agency Scheme 5 should be adopted. This scheme provides for a free consultation and advice service for all women attending clinics, but does not include free supplies unless the woman is classified as a "medical case". Unfortunately, it was not possible to find the necessary finance to implement the scheme throughout the County and it was decided that a three year programme should be accepted as the best alternative. Under this plan Scheme 5 was introduced in that part of the County covered by the Oxford Branch of the Family Planning Association from 1st July 1971, and it was agreed in principle that the scheme should be extended to the central area covered by the Chiltern Branch from April 1972 and to the remainder of the County in 1973. In these latter areas free treatment was provided for "medical cases" under Scheme 6 from 1st July 1971. Arrangements were also made with the Oxford City Authority whereby women living in the northern part of the County could attend clinics in the city under the same conditions as applied in the National Agency Scheme 5.

During the six months 1st July to 31st December 1971, the County Council accepted financial responsibility under Scheme 5 for 1,371 women who attended clinics in the Oxford Branch of the Family Planning Association and of these 34 were classified as medical. In addition 128 women attended clinics in the City of Oxford.

In the remainder of the County, the Council accepted financial responsibility for the cost of treatment for 88 women who were classed as "medical" under Scheme 6.

The domiciliary scheme continued in the Newbury area and during 1971 9 new patients were seen. The total of home visits paid was 122. Although the demands on the domiciliary service had not been as high as expected, it was apparent that it was necessary to provide such a service as part of a comprehensive scheme for family planning and the Health Committee agreed that a domiciliary service could be provided throughout the County. Following negotiations with the Slough and District Family Planning Clinic, arrangements were made for a domiciliary scheme to be implemented in the Windsor/Maidenhead area.

#### CARE OF UNMARRIED MOTHERS

Arrangements continued as in previous years. There was again a fall in the number of admission to the Health Department's Mother and Baby Home in Windsor. During 1970, there were 53 admissions and the average length of stay was 36 days.

#### BURNELL HOUSE HOSTEL

In view of the low numbers being accommodated at Burnell House, the future use of the hostel was considered by a special section of the Health Committee on two occasions during 1970 when it was decided that the hostel should remain open pending the transfer of responsibility to the Social Services Department in April 1971. It was also decided that a more flexible policy of admissions should be adopted and that discussions should be held with neighbouring authorities to determine the need for accommodation for unmarried mothers for the whole area.

In the event, the Health Department continued to administer the hostel on behalf of the Social Services Department after April 1971 but by June it was apparent that it was no longer practicable to keep the hostel open for the one or two cases that required accommodation. The hostel closed at the end of June 1971 and the building handed over to the Social Services Department. As a temporary measure it was used to accommodate homeless families.

Burnell House had been open as a mother and baby home since early 1945. At that time there was general concern throughout the country about the accommodation problems of unmarried mothers and this was a particular difficulty in Berkshire which was suffering from an influx of population due to war-time factors.



Originally the hostel accommodated only long term cases and it was a condition of admission that the mother would remain at the hostel with her baby for a period of two years. During this time she was encouraged and assisted to find employment and the baby was cared for in the hostel while she was at work.

As a result of changing needs over the years, the residential period was reduced to one year and eventually it was the normal practice for the mother to be admitted to the hostel about six to eight weeks before her confinement, to be transferred to a neighbouring hospital for the actual confinement and then return to the hostel for a matter of weeks only while plans were made for the future care of herself and her baby.

Throughout the years that the hostel was open, there was a very close association with the social workers of the Oxford Diocesan Council for Social Work. All admissions to the hostel were arranged through the social workers who continued to accept responsibility for the mother while she was at the hostel and assisted her in making plans both for her future care and for that of her baby. There is no doubt that for much of its life, Burnell House fulfilled a very useful function and I would like to express my appreciation to the staff of the Oxford Diocesan Council for their valuable work throughout this period.

#### **4. SCHOOL HEALTH SERVICE**

The work of the school health service again continued despite difficulties relating to staffing and accommodation. As well as the usual periodic gaps in the professional staffs, due to resignations, illness, maternity leave, attendance at courses and other reasons, there has been the added problem that due to financial restrictions, although there has been a marginal improvement in the child/professional staff ratio as far as school doctors and school nurses are concerned, it has not been possible to raise the standard of the service in terms of staff to the level one would have desired.

Accommodation in schools and elsewhere for school health service purposes has given rise to increasing concern. Medical rooms, where these are provided, are not always immediately available for school health service staff, and very often are not sited in quiet situations so that, for example, audiometry becomes quite impossible or at best time-consuming and unreliable. The noise problem is aggravated by the changed pattern of work in primary schools with emphasis on free activity plus large numbers which mean that all available space is used for teaching purposes. A survey was carried out which brought to light 75 schools where conditions are at their worst, and discussions have been held with the Director of Education's staff to seek possible solutions. One possibility being explored is the use of mobile clinics. These 75 schools do not represent the only ones where there is an accommodation problem, and there are many more than this number in addition where conditions are bad.

Despite establishment problems, there have been structural improvements in the medical and speech therapy staffing. At the beginning of the period, one Medical Officer was attending the course for the Diploma in Audiology at Manchester University, and returned during the summer of 1970 to assume clinical responsibility for the County Audiology Service. In 1970 and 1971, two other Medical Officers were seconded to attend the Development Paediatric Course at the Institute of Child Health, London. When the last of these Medical Officers returns, it will mean that there will be three Senior (Clinical) Medical Officers with special responsibilities and expertise in the field of handicapped child assessment and one Senior (Clinical) Medical Officer qualified in Audiology.

The Berkshire Speech Therapy Service is unusual in that the establishment is virtually full all the time, and this reflects credit on the Principal Speech Therapist and on the organisation and quality of the work done by the service. At the beginning of the period, there was a senior speech therapist and seven speech therapists, but at the end the structure had been changed so that the senior was redesignated principal speech therapist and two new senior posts were established. One senior speech therapist had special responsibility for training and the other for handicapped children as well as each acting in an advisory capacity for half the speech therapists in the county and in the case of newly qualified speech therapists exercising a supervisory function. In October 1969, a ratio of one therapist to 7,500 school children was suggested but was not attained during the period under review.

On 1st April 1971, the long awaited transfer of responsibility for the education of mentally handicapped children to the Department of Education and Science took place and due to close collaboration between the Health and Education Committees and staff prior to the transfer date, this went off with a minimum of problems as far as the local authority training schools were concerned.

One of the functions of the school health service is to undertake research which in practice most frequently takes the form of participation in various national surveys. During 1971, the school health service co-operated in a survey instigated by the Department of Education and Science into physically handicapped children attending ordinary schools. The report will be published in 1972. Some of our medical officers participated in a pilot study in connection with the follow up of children born during the British Birth Survey and will participate in the actual survey during 1972. A local enquiry was also undertaken into the numbers of physically handicapped pre-school children in East Berkshire, as it was becoming apparent that there was a need for some kind of nursery provision in the area for this type of child. The child with cerebral palsy required a great deal of expert support, treatment and advice from physiotherapists and speech therapists and this help is best combined with a nursery school type environment.

It has been found that although the handicap is quite different, children with spina bifida also need regular physiotherapy help in the early years, and the number of this kind of child is increasing. The findings of this enquiry will form the basis of a report to the Education Committee in early 1972.



Despite certain restrictions in the increase of establishment in the school health services as a whole, the establishment of speech therapists was given priority and increased.

The change in structure from a Senior Speech Therapist and seven speech therapists to a Principal Speech Therapist, two Senior Speech Therapists and seven speech therapists was appreciated and it is to the credit of the Authority that it has been among the first in the country to introduce such a structure. This meant that the Principal Speech Therapist was able to devote more time to planning the service and ensuring the best use of resources. One Senior Speech Therapist was made responsible for in-service training and during this period more interesting lectures were arranged which encouraged speech therapists from the Reading Borough and the Royal Berkshire Hospital Group to attend. This was felt to be a particularly good thing in view of the possible integration of the services with the re-organisation of the Health Service planned for 1974. Non-practising speech therapists living in the area were also invited. This particular senior post was also made responsible for the norther part of the county in a supervisory capacity.

The other senior is to be made responsible for children in special schools. This idea largely grew out of the recognition of the need in special schools, where the speech therapist has a particularly important role to play and the fact that the establishment could not be stretched sufficiently to meet this need particularly with the increased call for services when the responsibility for mentally handicapped children was transferred to the local education authority. The transfer meant that five hospital schools not already attended by speech therapists required this service and in addition new schools are being built. It was felt that a speech therapist with senior status could be responsible for visiting these schools in an advisory capacity and all the time attend courses and lectures and other establishments to build up her knowledge in this field. This post will be filled early in 1972.

Although there was a turnover of staff, the establishment as a whole was kept full most of the time largely by making up full time posts with sessional workers who are all married women with children and coming to an agreement with each individual about arrangement of hours, to fit in with their domestic commitments.

The increase in establishment meant that the services could be extended and as a result a regular session was started in Hungerford, where hitherto children had to travel to Newbury and another full time speech therapist was based in the Reading area where waiting lists had been particularly long. The service to the special schools was also marginally increased.

A number of children were sent to Moor House School in Surrey, which is a residential school for children with disorders of communication. They were given a full team assessment which was helpful to the speech therapist concerned and four were offered placement there.

Two adolescent boys also attended intensive courses for stammerers at the school for the Study of Disorders of Human Communication in London. Both boys had attended local clinics once weekly for a considerable time, but had been unable to carry over their new speech habits outside the clinic situation. It is now felt that the best way of coping with the problems of the stammerer is in a group situation and to give intensive speech therapy aiming towards re-education of speech. Both boys have benefited enormously. It may be possible in future development for the county to arrange such courses locally, if the numbers and situation of the cases make these viable.

Although satisfaction with the development of the speech therapy service was felt during this period, certain anxieties have continued. Accommodation on the whole is poor, particularly in the north of the county where the speech therapists do not even have a base and still spend a considerable time travelling between schools to see children, instead of calling them to a centre. As new health centres are erected this situation should improve and the speech therapy provision at Didcot Health Centre has been appreciated. In special schools this need for a specific room is particularly felt, especially as in the future it is hoped to have speech therapists working at least half time and possibly full time in the special schools. The speech therapist cannot be expected to do work that is beneficial to the child if she is being pushed from one place to another on each visit and frequently ending up working in a corridor, cloakroom or cupboard as is the continuing situation. The medical rooms in these schools are always in use for something else and there is a crying need for an extra room, which could be primarily for the use of the speech therapist with occasional use by other specialists such as the educational psychologist or audiologist who would be more occasional visitors.

The other anxiety is the educational provision for children of normal intelligence with more serious handicaps of speech. These would include children on the two year waiting list for admission to Moor House School. It was intended that these children should be included in the classes for children, who are partially hearing, so that they could have more individual attention in a sympathetic environment and speech therapy could be provided more often from a speech therapist attending regularly. This arrangement has not materialised largely because the numbers of partially hearing children are filling special classes. This means that the speech and language handicapped children without hearing loss are left to struggle along in normal schools or put into special schools, where the speech therapist already has a heavy caseload and cannot give them the time they deserve.

## SCHOOL NURSING SERVICE

Lack of accommodation in schools for the nurse is now causing some concern. The changed pattern of education and the increase of open planning in primary schools have greatly affected the work of the school nurse. It is increasingly difficult to find a quiet room in which to work



and sufficient space in which to test vision without interruption from children in transit. Only the good co-operation received from Head Teachers enables the school nurse to carry out her work.

Recruitment for school nurses and auxiliaries is good. This branch of community nursing seems attractive and for each post advertised there are usually several candidates from which to make a selection.

#### CHILD GUIDANCE SERVICE

Mr. King, County Educational Psychologist, reports as follows:

In spite of general staff shortages it has been possible to maintain a team approach to Child Guidance work except in the Bracknell area where Dr. Doniger left the clinic some months before her final retirement from the Service in the summer of 1971. Although she then officially retired she has continued to work occasionally at Maidenhead pending the appointment of her successor.

The Newbury Clinic has at last moved from its inadequate accommodation in Greenham House and has its own premises in Newtown Road. This has given better working conditions for the staff, and is obviously appreciated by children and their parents, and certainly the quality of the work has improved. The ground floor of the building is now used as a Day Unit for Maladjusted Children fulfilling a long felt need. The possibility of discussion between the Teacher in Charge and the Clinic team is invaluable. A scrutiny of the cases also shows that this Unit is an economic proposition since considerable boarding school fees are saved. The experience at Newbury substantiates that at the Brocket Unit and indicates the need for an expansion of this sort of provision.

Towards the end of the period under consideration the Reading Clinic again moved premises from Abbey Mill House to 10 Abbot's Walk. The use of their own separate premises has been welcomed and a separate playroom and more suitable interviewing rooms is leading to better work in congenial surroundings. Freedom from traffic noise has been a major benefit.

It has been possible to commence Clinic sessions at Wantage in the Hospital. Working conditions are very difficult and the Clinic is held only once a month. The Faringdon Clinic has also become a regular feature, meeting once a month in the Health Centre. Again premises have made for difficulties in working, especially in the winter. A valuable feature of the work at Faringdon and to a lesser extent Wantage, has been the facility of meeting Health Visitors at case conferences. A new venture in the Didcot area has been meetings between G.P.s and Clinic team and these will be easier and of greater mutual benefit when the Health Centre is fully working.

Generally speaking waiting lists for diagnostic interviews and for treatment and follow-up have continued to be too long. This is due partly to higher rate of referral as the Service has become better known and partly because of staffing shortages. This is particularly true in the P.S.W. field but there has been some easement so far as psychiatrists are concerned in the area served by the Oxford R.H.B. and the appointment of psychologists to long standing vacancies has also been a help. However, the assumption by the Local Authority for responsibility for mentally handicapped children will impose additional burdens on the whole of the clinic staffs. Additional P.S.W. time will be needed for parent counselling and psychologists will need to give considerable time to advising teachers as to suitable programmes for the children.

The Central Berks team has also been visiting Hephaistos School, actually holding Clinic sessions in the school. Although the pattern of this work is still evolving it is apparent that there is a great need for it, in assessing in every way the needs of the physically handicapped boys and discussing them with the teaching staff. It is evident that the problems are so great that this will need to be a continuing feature of the Clinic work and the working of the team on premises other than the normal Clinic is an obvious advantage for more groups than this one. This new field of work obviously puts pressure on the Clinic staff, and it can only be undertaken at the expense of other work. This of course can be generalised so that the general impression of the Service is that quite apart from the long waiting lists, only the tip of the iceberg is being touched in regard to the number of children needing help in the County.

#### SCHOOL DENTAL SERVICE

The appointment of a new Chief Dental Officer gave an opportunity to review the dental services for children and this was carried out within the first four months of 1970. The resulting report of the Chief Dental Officer was presented to the Health and Education Committees and the appointment of a joint section to consider its content resulted in the Council agreeing to a phased development programme.

The following report has been prepared by Mr. Ogilvy:

In 1970, the establishment was inadequate to carry out the necessary inspection programme and offer a comprehensive treatment service, both of which are requirements of the Education Act and the National Health Service Act, which lay these duties on the shoulders of local authorities. The ratio of school-children to dentists was between 10,000 and 11,000 to 1. The national average in Britain was 4,500 to 5,000 to 1, while the Swedish ratio was 550 children per dentist, a ratio which reveals a totally different attitude to the dental care of children.



In Berkshire an examination of the position relating to school inspections revealed the following situation:

a) Examination within 12 months . . . .	48,408
b) Examination between 1 and 2 years . . . .	12,418
c) Examination between 2 and 3 years . . . .	2,138
d) Examined within a longer period than 3 years	7,644
e) Not examined at all . . . . .	13,000
f) Total not examined within 3 years . . . .	20,644
g) Number of children in Survey . . . . .	84,000

These figures do not include the pre-school children, who numbered about 20,000 between the ages of 3 and 5 years. For a priority service, this was a startling revelation.

After my report had been considered by the Joint Special Section I was instructed to draw up a plan of expansion and improvements to take place within 4 years. Furthermore, the following principles were adopted for the basis of the development of a progressive Children's Dental Service in Berkshire.

- i) Generally, to provide a Children's Dental Service which will be highly regarded within the community and whose principal objective must be the prevention of dental disease among the children of Berkshire.
- ii) To ensure that dental health education is effectively carried out so that children and parents have a proper understanding of the importance of good, natural teeth and have a desire to look after them.
- iii) To provide a high standard of dental treatment, so that children shall leave school free from dental disease and free from irregularities of the dental arches.
- iv) To make available a comprehensive service which should include special treatments. For example, facilities for anaesthesia, appropriate to different children, and the provision of orthodontic treatment at specialist level for the correction of malformations.
- v) To make special provision for the intensive dental care of all handicapped children for whom the County Council are responsible.
- vi) To foster a more co-operative spirit between the Children's Dental Service and the general dental practitioners in Berkshire with the object of developing complementary services.
- vii) To achieve the objectives, with due regard to economy, but without economy becoming the criterion.

The expansion has commenced and will now gain impetus. Additional accommodation is a pressing need and will not be forthcoming until the health centre programme produces more surgery space. The first and immediate step, mobile units, much needed in the rural areas, were ordered to a design developed in the dental section of the Health Department. By the end of 1971, four of these "Berkshire" mobile dental units were operating. One of these has been specially allocated to the treatment of handicapped children.





Fig. 5. Interior of a Mobile Dental Unit

Although reasonable treatment service can be achieved by 1974, the Dental Service must be more concerned with the development of measures to prevent dental disease. Reference must be made to the most effective method of prevention, in terms of the decay of teeth. Fluoridation of the water supplies remains the one method which, above all others, will have the greatest beneficial effect in countering this prevalent disease. As the great majority of reputable scientific bodies throughout the world accept that there is no substantiated evidence that fluoride at a level of 1 p.p.m. is in any way harmful it is surprising that we are still without this public health measure in Berkshire. The measure of public support for the introduction of fluoride into the water can be gauged from the results of a voluntary survey carried out by Berkshire General Dental Practitioners. Within the short space of three weeks their patients chose to sign petitions to the County Council asking them to introduce fluoride into the water supplies. This was a free response from responsible citizens, made within the limited time of three weeks. 10,000 of these signed petitions were received within



this short period and were delivered to the Chairman of the County Council. This would appear to be a very significant return of public opinion.

Steady progress has been made in the recruitment of staff. During the two years under review the number of Senior Dental Officers increased from one to three whilst the Dental Officers increased from 5.7 to 8.

A promotion structure has been introduced with an increase in senior posts to 3. The introduction of salaries, which could be better compared with the incomes of general practice, would of course alter the recruiting position considerably and a more stable staff committing themselves to full time work for this service, would result. It is submitted that to produce a first class priority service for children there must be established sufficient inducement for first class career minded dentists to transfer from general service in sufficient numbers to make selection meaningful.

The standard of surgery accommodation and equipment therein has not been very high and the report suggested that this should be improved. In the summer of 1971, a beginning has been made to refurbish and re-equip our old surgeries where there is not any likelihood in the near future of health centre development. The very small surgery at Newbury is the first to be improved and the staff working there have greatly appreciated these improvements.

I would like to thank all members of the staff for sustaining their efforts throughout this period. With the introduction of mobile units and in the future, additional fixed accommodation, together with increased numbers of staff, a new look can be taken at work loads with, it is hoped, an increasing improvement in the amount of treatment and care given to the children of Berkshire.

## **5. NURSING SERVICES**

### **HEALTH VISITING**

In June 1970, the second Principal Nursing Officer was appointed with general management functions for East Berkshire and also with special responsibility for health visiting and school nursing. Her task was to set and maintain standards of health visiting and school nursing practice throughout the county and advise the County Nursing Officer on these subjects.

There was no difficulty in filling vacancies during the two years and there were also many applications for health visitor training courses. 13 persons were selected for training in 1970, and 16 for the following year. In addition one health visitor was sponsored for training as a Health Visitor Tutor in 1970, and two more were sponsored in 1971. 10 health visitors were selected to be Field Work Instructors during the two years.

The proportion of health visitors who have adequate office accommodation continues to increase. Clinic premises, however, are far from satisfactory. Facilities for holding an up-to-date child health clinic are usually not to be found in village halls and similar premises but there is an encouraging increase in well baby sessions held in general practitioners premises.

Health visitors continued to play an important role in the field of health education. They meet all sections of the community and discuss topics with both individuals and groups of people.

The contribution of health visitors to health education in schools slightly increased. A total of 865 talks were given by health visitors compared with 825 in 1970. These ranged from talks on special subjects such as personal hygiene and dangers of smoking to planned programmes covering one or two years. These courses were offered to both girls and boys and covered a wide field including personal relationships, growth and development and child care.

In at least one school a health visitor attends at a fixed time each week to discuss personal problems with pupils. This service is just beginning and it is too early to assess results.

#### MIDWIFERY SERVICES

Although there has been considerable reduction in the number of domiciliary deliveries, the overall workload of the midwife has increased, because of the increase in the planned early discharges from hospital and the increase in ante-natal visits and mothercraft teaching sessions. The scheme for domiciliary midwives to attend mothers in the general practitioner units has been extended to include all the general practitioner units in the County. The number of confinements in these units was 295 in 1970 and 328 in 1971.

There is great co-operation between domiciliary and hospital midwives and joint mothercraft and parentcraft sessions are held in many of the hospitals. The mothers appreciate this very much as it enables them to get to know all domiciliary midwives, health visitors and hospital staff.

All the midwives received a one week refresher course in one of the four maternity hospitals in Slough, Reading, Oxford and Swindon. This course has brought them up to date with modern techniques and procedures and with new drugs. It has also been of immense help and value in creating a better understanding in relationships with hospital colleagues. In addition to this course, many of the county midwives attended a two day course on parentcraft teaching and also an appreciation course on family planning.



KEY:  Home  
 GP Unit  
 Consultant Unit

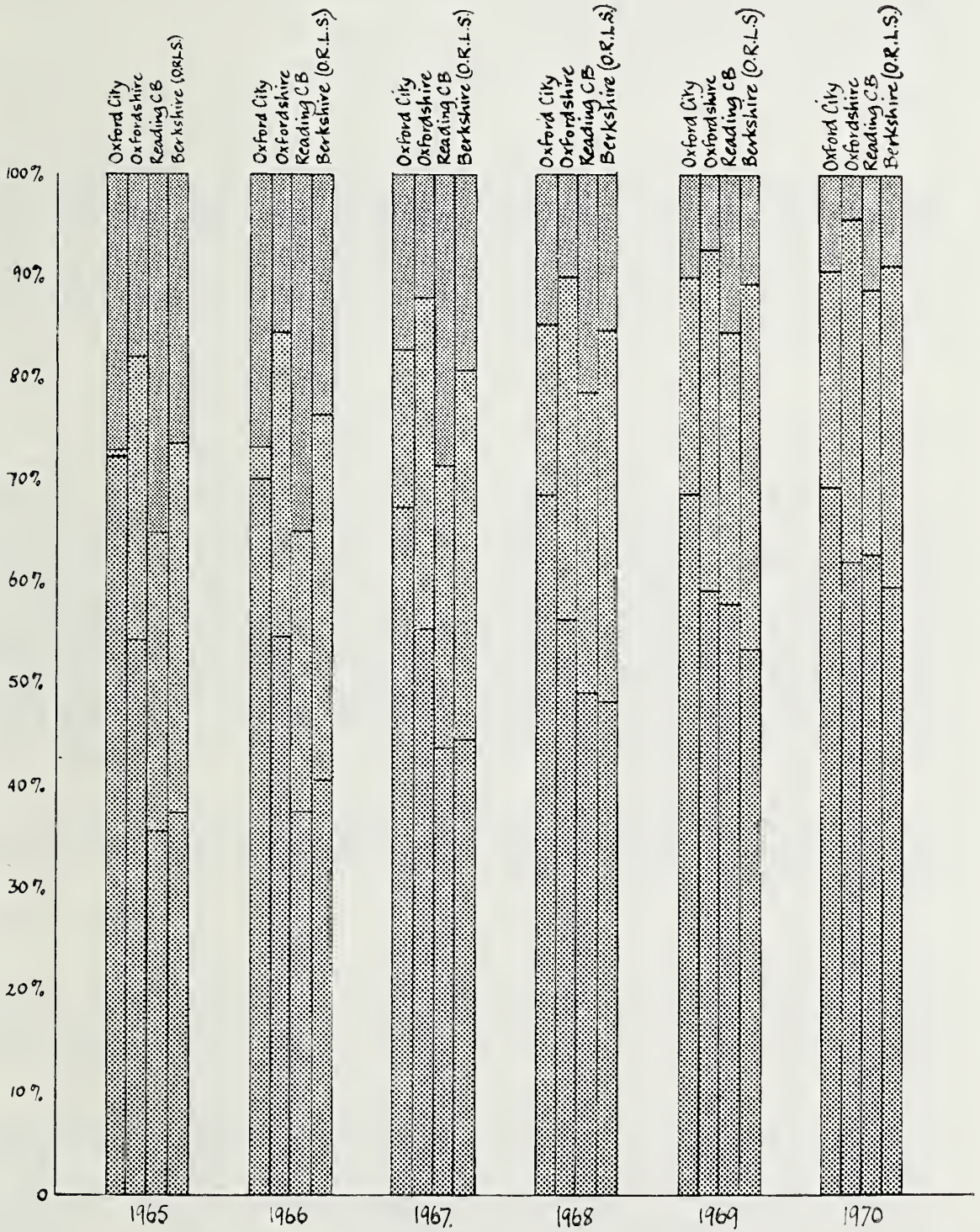


Fig. 6 Births by place of delivery, 1965 to 1970

With the changing pattern of training for pupil midwives with less emphasis on the number of cases delivered, a community care training programme was introduced in September 1971. It was also decided to integrate with Reading Borough and to undertake a combined training for all the pupils. This is now well established and appears to be working very well. There are four intakes per year of ten pupils, forty pupils per year. The pupils are drawn from the Royal Berkshire Hospital and Upton Hospital and in the near future it is envisaged that pupil midwives will also come from Heatherwood Maternity Hospital to Berkshire County for domiciliary training.

### DISTRICT NURSING

With group attachment with family doctors firmly established the District Nursing Service operated efficiently during the two years. Home visits and surgery treatments continued to increase. The nursing team of district nurse, health visitor, midwife and nursing auxiliary provides an adequate nursing cover for persons requiring nursing care in the community.

### NURSE EDUCATION

A Nurse Training Officer was appointed in March 1970, and there has been a considerable amount of staff training undertaken since that date. 33 nurses attended a course for the National Certificate in District Nursing in 1970, and the course was repeated in 1971 when there were 27 nurses in training. Another course was arranged for State Registered Nurses working in the school health service in 1970 when school nurses attended and this was repeated the following year for seven more nurses. Finally, a training course was held each year for State Enrolled Nurses who wished to work as district nurses.

436 nurses attended a number of study days held throughout the two years and subjects covered included family planning, hearing screening tests and parentcraft.

### NURSING STAFF

The Nursing Staff (wholetime equivalent) as at 30th September 1971, was:

	HEALTH VISITORS	DISTRICT NURSES	MIDWIVES
In Post . . . . .	113.2	115.2	57.1
Vacancies . . . . .	4.3	2.7	—
Pop. per Head of Staff (in post)	4,538	4,459	8,996
Pop. per Head of Staff (Estab.)	4,371	4,357	—



## 6. HOME HELP SERVICE

The home help scheme continued to expand during 1970, and again the increased demand was mainly from people aged over 65. A total of 3,872 cases were helped during the year and 3,082 of these were in the aged category. Of the remainder, 214 were chronic sick, 28 mentally disordered, 133 maternity and 415 for various other reasons.

As the scheme was expanding at a greater rate than had been allowed in the estimates, it was necessary to remind all staff of the need for the utmost economy during the winter months in an attempt to limit the over-spending.

The number of cases assisted showed an increase over past years and the 1970 figures are compared with those of the previous year.

	1969	1970
Elderly persons	2,735	3,082
Chronic sick	174	214
Mentally disordered	12	28
Maternity cases	249	133
Others	401	415
TOTAL	3,571	3,872

As from 1st April 1971, the home help scheme became the responsibility of the newly formed Social Services Department, but in order to allow that department time to set up the necessary structure to deal with the field work, the Health Visitors continued to be responsible for the assessment of need and financial circumstances for the remainder of the year.

## 7. PREVENTION OF ILLNESS, CARE AND AFTER CARE

### CHIROPODY

During the two years under review there was an increase in the number of chiropody treatments carried out and in 1971, 6,559 persons received 28,496 treatments.

Following the appointment of a full time chiropodist in December 1969, it became possible to open the first County Council Chiropody Clinic in January 1970. This was based in the Bracknell Health Clinic. Temporary county clinics were also established at Winnersh and Finchampstead. The two County Chiropodists attended these clinics and also took part in a pilot scheme to provide chiropody treatment for mentally handicapped adults attending the adult training centres in

Newbury, Windsor and Maidenhead. The first purpose built County Chiropody Clinic was brought into operation in 1971, when the Didcot Health Centre opened.

Voluntary organisations continued to be responsible for providing the majority of the chiropody treatments and County Council grants were paid to 91 voluntary chiropody clinics. The grant was six shillings a treatment at the beginning of 1970, and the charge made to the patient was 3/6d. As a result of increases in the chiropodists sessional payments it became necessary to increase the grants paid by the council and, on 1st October 1971, the grant was increased to 33½ new pence per treatment. At the same time the patient was required to pay 23 new pence.

In September 1970, the Health Committee decided that the provision of a Direct County Chiropody Service would be necessary in the future and decided that, as a first step, two mobile chiropody clinics and supporting staff could be provided during the financial year 1971/72. The two mobile clinics were designed by the Chief Chiropodist and they were delivered at the end of 1971. It is intended that the units will operate in East Berkshire and North Berkshire in 1972.

	<i>By Local Authority</i>		<i>By Voluntary Bodies</i>		<i>Total</i>	
PERSONS TREATED	1970	1971	1970	1971	1970	1971
Elderly	1,125	1,857	4,270	4,577	5,395	6,434
Handicapped	105	115	6	10	111	125
Expectant Mothers	1	—	—	—	1	—
TOTAL	1,231	1,972	4,276	4,587	5,507	6,559

TREATMENTS GIVEN

In Clinics	2,213	2,838	22,624	21,720	24,837	24,558
Old Peoples Homes	2,988	3,107	654	831	3,642	3,938
TOTAL	5,201	5,945	23,278	22,551	28,479	28,496

HEALTH EDUCATION

Health education activities continued on similar lines as in previous years. Most activities were focussed on the young mothers, school children and the elderly with special campaigns related to mental health and dental health. During these activities it is intended to communicate current knowledge of ways in which to promote and maintain health and it is hoped to stimulate and improve the health patterns of the community in the future.



Another outcome of the new system of determining priorities amongst the budget for uncommitted expenditure was provision for the long awaited post of health education officer and an additional technical assistant. When it was learnt that Reading Corporation was also planning to appoint new health education staff it was mutually agreed to combine forces.

A joint health education unit will thus be set up in 1972 comprising a health education officer, an assistant health education officer, two technical assistants and clerical support.

#### CERVICAL CYTOLOGY

During the two years the cytology clinics at Bracknell, Faringdon, Maidenhead, Newbury, Wallingford, Wantage, Windsor and Wokingham were continued and 102 sessions were held in 1970 and 128 in 1971. The number of women examined was 1,312 in 1970 and in 1971 the number increased to 1,632. In addition, four sessions were held on the premises of private firms in 1971 and 84 women were examined.

The local recall scheme for the northern part of the county, administered by the cytology laboratory at the Churchill Hospital, Oxford, continued and reminders were sent to women under 40 years of age every five years, to those aged between 40 and 50 every three years, and to the over 50's annually. As it became apparent that most of the five year recalls were inapplicable, either because the patient had had the test repeated, or else had changed her address, it was decided to discontinue sending recall notices to those aged under 35, and to shorten the interval to three years for those aged 35 and over. An annual reminder continues to be sent to women over the age of 50. No attempt was made to follow up women who failed to reply to the reminder.

In October 1971, the Department of Health and Social Security issued details of the national recall scheme which it was intended should come into operation on 1st January 1972. Under this scheme, women over the age of 35, would be reminded of the need for a re-examination every five years. Women who were under 30 at the time of their first examination would not be recalled until they reached the age of 35. The scheme, which would appear to be somewhat cumbersome, requires Executive Councils to verify the address of the woman, and also to notify her general practitioner that it is proposed to recall her in order that no reminder is sent if the general practitioner does not consider it necessary. Local authorities are asked to arrange for the follow-up of women who do not respond to the reminder to re-attend.

#### RENAL DIALYSIS

At the beginning of 1970, six patients were on home dialysis and during the year two more home adaptations were carried out without cost to the patient. In 1970, five home adaptations were undertaken. This included provision of one portable unit and the granting of an interest free loan of £1,400 in one case. In the other four cases the patients were not involved with any costs. During the year one person who commenced home dialysis in 1968 had a successful transplant. At the end of 1971, 12 persons were on home dialysis in the county.

## 8. MENTAL HEALTH SERVICE

### COMMUNITY MENTAL HEALTH

The Social Services Department became responsible for the administration of the community mental health services in April 1971, although responsibility for the day to day running of the adult training centres and workshops was still undertaken by the Health Department until November 1971.

The Health Department remains responsible for the registration and supervision of mental nursing homes and for maintaining a register of approved medical practitioners to carry out duties under the Mental Health Act 1959. As the adult training centres/workshops are registered under the Factories Act the Deputy County Medical Officer continues to attend these establishments in his role of appointed Factory Doctor.

### SOCIAL WORKERS

In 1970/71, the social workers operated in five area teams prior to their transfer to the Social Services Department in April 1971.

702 persons were referred to the local Health Authority during 1970 and at the end of the year there were 1,030 persons under supervision. 59 persons were on the waiting list for hospital admission and 9 of these required urgent admission.

	REFERRALS	UNDER SUPERVISION
Mental illness	610	161
Psychopathic	7	5
Mentally handicapped	25	316
Severely mentally handicapped	60	548
TOTAL	702	1,030

Further statistical information is contained in the appendices.

### SOCIAL CLUBS

Social clubs for the mentally ill and other clubs for the mentally disordered operated in the county during 1970.

### MENTAL NURSING HOMES

There were two registered mental nursing homes in the county during 1970 providing beds for 27 persons. In 1971, one of these nursing homes became a residential home for mentally disordered persons.

### RESIDENTIAL HOMES FOR THE MENTALLY DISORDERED

Three registered homes operated during 1970 and regular visits were made to these premises and the mental nursing homes during 1970.



## ADULT HOSTEL FOR MENTALLY ILL

The first County hostel, The Crescent, was opened in May, 1970. The Crescent was a Victorian house in Reading that was purchased and adapted by the County for use as a residential home for ten adults of both sexes.

Following the appointment of a warden, deputy warden and assistant warden, places were offered to persons who were in-patients in a local psychiatric hospital who were about to be discharged but required a transitional period in sheltered accommodation before moving to other forms of accommodation in the community.

It was only possible to accept persons who were capable of undertaking work in open or sheltered employment in the Reading area and selection of the residents was made by the warden of the home, the social worker responsible for the home and the Deputy County Medical Officer. Full consultation took place with the hospital medical and nursing staff prior to any decision being made. This method of selection was kept as informal as possible and the close co-operation and good working arrangements that was built up between the hospital and local authority staff during the first few months did much to ensure the success of the home.

## ADULT TRAINING CENTRES/WORKSHOPS

At the beginning of 1970 there were places for 128 mentally handicapped adults at the four centres which were located at Abingdon, Newbury and Windsor. Having regard to the demand for places over previous years it was estimated that 700 places would be needed to accommodate persons in the centres at that time and, by 1979, approximately 880 places would be required.

The places at Abingdon were due to increase to 60 during 1971, and replacement centres had been planned at Newbury and Maidenhead. During the next ten years it was agreed that a total of seven centres with between 100 and 200 places at each centre would be sufficient to meet the needs of the mentally handicapped adults in the county.

In addition to the replacement centres, plans have already been agreed for a centre in Bracknell in 1972. Other new centres are being considered for the Reading fringe area, Wantage or Didcot and Windsor.

## HOME TEACHING

As in the previous year, one full-time and two part-time occupational therapists carried out home teaching and therapy with mentally disordered children and adults who were confined to their homes. They also give advice and assistance to the adult training centre staff.

## ADULT HOSTELS

At the beginning of 1970 consideration was given to the number of hostel places required for severely mentally handicapped adults who could live in the community. It was estimated that there would be a need for 392 places in 1973 and 440 places would be needed by 1979.

Provision had only been made for four hostels providing for 100 places and these were planned to be located in Maidenhead, Newbury, Bracknell and Abingdon. It was agreed that more hostels would be required and the following programme was agreed upon:

- 1970/71 Hostels in Newbury, Bracknell and Maidenhead
- 1972/73 A hostel in Abingdon
- 1973/74 A second hostel in Maidenhead, one in Didcot and one in the Woodley area

A further nine hostels would be required by 1979 and some of these would be sited in Windsor, Wantage, Bracknell, Didcot and the Reading fringe area. Altogether it would be necessary to provide 18 hostels between 1970 and 1979, each one providing between 24 and 36 places.

In the meantime it was accepted that mentally handicapped persons should not be admitted to psychiatric hospitals from the community on purely social grounds and efforts must be made to find accommodation in the community for existing hospital residents who were able to return to community care.

#### MENTAL HANDICAP

A white paper on "Better Services for the Mentally Handicapped" was published in June 1971 - perhaps not ideal timing coming before Social Services Departments had become established and with Health Departments and hospital authorities shortly due for their reorganisation.

The general principles enumerated were broadly those on which previous planning by the Health Committee had been based, and the level of provision of workshop and hostel places suggested was much in line with the 10 year plans.

#### SPECIAL SCHOOLS

The junior training schools became the responsibility of the Education Department in April, 1971, and are now classified as special schools.

#### HOSTELS FOR CHILDREN

Whilst the majority of the severely mentally handicapped children can live at home it will be necessary for accommodation to be provided in the community for a small group of these children. At the beginning of 1970 consideration was given to hostel accommodation that would be required for such children for the next 10 years.

It was estimated that there was already a need for 50 hostel places and the figure would be about 63 in 1979. Four hostels, each catering for 16 children, would therefore meet the demand for places in the community for the next 10 years.

With the hostel at Donnington Lodge already functioning (with places for 16 children) it was agreed that further hostels for children would be provided at Bracknell during 1972/73, at Wantage during 1973/74, and in the Reading fringe area during 1975/76. The Donnington Lodge Hostel would be replaced by a new hostel in 1974/75.



## 9. AMBULANCE SERVICE

### STAFFING

Mr. L. C. J. Harlow, the County Chief Ambulance Officer, retired on account of ill-health in June 1971, after completing  $22\frac{1}{2}$  years in the Berkshire Ambulance Service. Arrangements were made for Mr. D. Woodruff, Assistant Ambulance Officer, East Berks area to fill the post as acting Chief Ambulance Officer for the remainder of the year.

Following Mr. Harlow's retirement discussions were held with Reading County Borough in connection with a possible merger of the ambulance services and as a first step it was agreed to appoint a Joint Chief Ambulance Officer for the two authorities. This officer would then be expected to acquaint himself with the needs of the two authority areas, the services currently available and to advise to the two authorities on the best way to integrate the two services.

Following interviews at the end of the year, Mr. J. M. Wilby, was appointed to the position of Joint Chief Ambulance Officer and he will take up his appointment in March 1972.

### AMBULANCE SERVICE STATISTICS

Over recent years it has been noted that the number of patients conveyed and the mileage undertaken by ambulance vehicles have risen steadily every year. In 1970, however, the number of patients carried showed a reduction of 1,628 on the previous year although the mileage had increased by 4,660. The reduction in patients was the result of an industrial dispute for a period of five weeks during October and November 1970, when only accident and emergency cases were transported by ambulance vehicles.

With normal working throughout 1971, there were 160,165 patients conveyed by the ambulance and hospital car service and the recorded mileage was 890,483. These figures were the highest recorded since the service commenced in 1948. It is interesting to note that in 1949, the first full year that the ambulance service operated, there were 32,254 patients conveyed and the mileage recorded by the vehicles was 733,843.

Detailed statistical information in respect of the years 1969 - 1971, is contained in tables in the Appendix. This information relates to the number and types of patients carried and the mileage involved in respect of ambulance vehicles and hospital car service vehicles.

### AMBULANCE STATIONS

At the end of 1971, 24 hour cover was provided at Didcot, Abingdon, Newbury, Bracknell, Maidenhead and Windsor. In July 1970, the Lambourn ambulance was transferred to the Hungerford Station and that station then provided ambulance cover for the Lambourn area. Previously the Lambourn ambulance had been staffed by contract drivers during the day and by volunteers of the St. John Ambulance Brigade in the evenings, at night and at week-ends.

The new ambulance station at Bracknell became operational on 8th August 1970, and was officially opened by Mr. van Straubenzee on 24th September 1970. The station, situated in Old Bracknell Lane, replaced the station that was built in Rochdale Road, Bracknell.

Another new ambulance station was opened at Didcot in 1971. This station replaced the old premises in Hagbourne Road and is situated in The Broadway, adjacent to the new health centre. The station became operational on 15th May 1971, and together with the health centre was officially opened by Sir George Godber on 5th October 1971.

#### VEHICLES (as at 31.12.71)

STATION	VEHICLES		STAFF
Didcot	7 ambulances	1 car	15
Abingdon	4 ambulances		12
Faringdon	2 ambulances		4
Wantage	2 ambulances		6
Newbury	6 ambulances	1 car	15
Hungerford	2 ambulances		7
Maidenhead	3 ambulances	1 car	17
Windsor	4 ambulances	1 car	14
Bracknell	6 ambulances	1 car	16
Wokingham	2 ambulances		6

The 43 vehicles consisted of 36 stretcher ambulances, 2 dual purpose ambulances and five cars. In May, 1971, it was found necessary to withdraw a Princess ambulance from Maidenhead and it was not possible to replace this vehicle during the remainder of that year.

During the two years it was very difficult to maintain a service schedule for ambulance vehicles due to delays experienced in repairing vehicles and difficulties in obtaining spare parts. Replacement of ambulances was also difficult to carry out owing to the delivery of the two new vehicles being over 12 months late.

#### USE OF ENTONOX

Consideration was given to the use of an analgesic mixture of nitrous oxide and oxygen (entonox) for self administration by patients in severe pain. Following initial instruction to staff in October, 1970, and January 1971, arrangements were made for entonox apparatus to be available on two vehicles in West Berkshire.

Instruction was given to the remaining staff during 1971 and it is intended to provide the apparatus on all ambulance vehicles in the future.

A departmental letter (LHAL 50/71) was issued from the Secretary of State in December 1971, recommending the use of entonox in ambulance services and it is pleasing to report that Berkshire had already appreciated the need for this 15 months earlier.



## AMBULANCE PATIENT REPORTS

During the early part of 1971, consideration was given to the use of a report form that could be completed by ambulance personnel in respect of accident or emergency cases conveyed by ambulance. This type of report would then be passed on to hospital staff receiving the patient at hospital. Information on the form would relate to the patient's condition and any changes in the condition during the journey.

It was proposed to introduce this report form at the end of 1971, but this was deferred when it was discovered that the Department of Health was proposing to issue a similar type of form that could be used by all ambulance services throughout the country.

It is now intended to use the national ambulance patient report with effect from 1st April 1972.

## TRAINING

Staff attended the ambulance training school at Bishops Waltham for two or six week courses. Mr. W. Blofield, the Windsor Superintendent, qualified as an ambulance instructor during the early part of 1970, and both he and Mr. Ferris the other qualified instructor, give assistance with the organisation and instruction at the training school. In February 1971, it was reported that Mrs. E. Forward of Windsor had obtained the highest marks of any personnel who had attended the training courses at that training school.

Mr. Cowley was appointed as Ambulance Training Officer on 1st September 1971, and became responsible for in-service training throughout the county. The first training course within the county was held at The Filberts Training Centre, Calcot, during October of that year. During the remainder of the year Mr. Cowley arranged in-service training at individual stations and spent a period of time assisting with instruction at the Bishops Waltham Training School.

Following the annual inspection of the ambulance stations the Arbuthnott trophy was awarded to Abingdon in 1970. The Ford Motor Company trophy for the best sub-station, was awarded to Hungerford Station. In 1971, the Arbuthnott trophy was presented to Windsor and Wantage received the Ford trophy.

The County Ambulance Competition for 1970, was held in Reading and the winning crew, Mr. J. Penny, and Mr. W. Fuzzens, represented the Windsor Station. Mr. Penny also received the Ferris trophy for being the best ambulance attendant in the competition.

In 1971, the Ambulance Competition was again held in Reading and once again the winning crew came from Windsor when Mr. J. Penny and Mrs. E. Forward were successful. This was the fifth successive time the trophy had been awarded to a crew from the Windsor Station. The Ferris trophy was presented to Mrs. E. Forward as the best attendant whilst a new trophy, the Windsor rose bowl, was awarded to Mr. Cox of Abingdon Station as the best driver in the competition.





Fig. 7. Mrs. E. FORWARD.



The winners of the County Competition entered the Regional Ambulance Competition and Mrs. Forward was placed first in the ambulance attendants section of the competition.

The final of the National Competition for Local Authorities Ambulance Services was held in Harrogate on 22nd August 1971, when ambulance personnel from England, Scotland and Wales took part. Mrs. Forward took part in the finals and it is pleasing to report that she became the winner of the ambulance attendants section of that competition.

This was the seventeenth year that the National Competition had been held and Mrs. Forward is the first person from Berkshire Ambulance Service to win the trophy and title of "Champion Attendant".

## 10. HEALTH CENTRES AND GENERAL HEALTH SERVICES

### HEALTH CENTRES

There were considerable developments in the Health Centre building programme during 1970 and 1971, and there are now some 20 projects at various stages of planning or construction. These can be summarised briefly as follows:—

*Faringdon.* Owing to a request from an incoming single-handed G.P. to practice from the existing health centre, the modest improvement scheme already agreed had to be revised. A more radical scheme will give a standard of accommodation now being achieved in purpose-built health centres, but disruption will be greater and temporary accommodation is being provided.

*Abingdon.* In addition to the centre at Marcham Road Hospital in association with one practice and the new O.P. department, a second project has been approved in the Broad Street area.

Redevelopment by the Borough Council will involve the demolition of a purpose-built surgery of another large group of doctors, who will be housed along with associated community health services in a complex which will include library, old people's day centre and office accommodation for the Area Social Services Department.

*Kennington.* A small centre is being planned with the co-operation of the parish council, and designed so as to allow later inclusion of a library.

*Wantage.* Although progress has been slower than hoped the end result—the rehousing of both main practices and of county council services adjacent to and linked with the local hospital—should eventually provide excellent facilities for those living here.

*Didcot.* The completion of the building in 1971 gave us our first purpose-built centre. As a result of the Social Service reorganisation it also provides office accommodation for the North Berks area Social Service Department.

*Wallingford.* A health centre will be created within the shell of the original Wallingford and District Hospital, as part of the Regional Hospital Board's community hospital project. The Board, however, is financing the work and the G.P.s and the local authority will - at least until 1974 - be its tenants.

*Newbury.* There has been little progress here since the decision of the Board to transfer the Community Hospital project from Goldwell Park to Henwick. However this together with the inevitable growth in this area may well rekindle interest.

*Thatcham.* Agreement in principle was reached between the County Council, the Newbury R.D.C., the Executive Council and the doctors for a redevelopment of the doctors' and adjacent sites to provide Health Centre, Library, old people's flats and home and a day centre.

*Theale.* Although no decision was reached during the period, a possible need for a centre here has become apparent.

*Woodley.* Whilst existing practices have not favoured any development here there remains a pressing need for more adequate accommodation for our own staff and services. The possible development of the airport site will call for additional doctors also. A solution may arise from the overall planning study of Woodley/Earley being undertaken by consultants for the County Council and Wokingham R.D.C.

*Earley.* This study will probably suggest even greater population increases in Earley, and the need for several extra doctors and associated community health services.

*Wokingham.* Earlier discussions with the doctors here have not been resumed but the possible development of the Wooshill area will call for additional doctors and lead to reconsideration. The R.H.B. remain sympathetic to our building on the hospital site if a health centre is ultimately agreed.

*Finchampstead.* The additions by the County Council to the doctors' surgery - planned at the time the surgery itself was designed - have been completed. With fully shared entrance, waiting, reception and secretarial facilities, this is a most useful "non Section 21" health centre.

*Bracknell.* Discussion with the Bracknell Development Corporation, the doctors and dentists, the Executive Council and the Department of Health, whilst amicable and co-operative have been protracted and we shall be sadly behind housing developments.

There is now firm agreement to 3 health centres, one in the town centre at Skimped Hill which will also rehouse the existing clinic, one at Great Hollands and - eventually when development reaches it - a third at Birch Hill.



*Maidenhead.* The erection by the Borough Council of surgeries to rehouse two groups of doctors and one of dentists displaced by the Relief Road scheme, has caused some difficulty both in redeveloping the Wilderness site and in obtaining Departmental consent. It is, however, hoped once the Ambulance Station has been moved, to rebuild the clinic and perhaps even physically link it with the Borough's development.

*Windsor.* No progress has been made and unless the N.W. Metropolitan R.H.B. find it possible to make a site available at the hospital it seems unlikely that there will be any G.P. interest. In the meantime at least one practice has improved its own premises, and our services remain housed at Kipling Building.

**GENERAL HEALTH SERVICES**

**RECUPERATIVE HOLIDAYS**

Recuperative holidays were provided for persons not requiring medical or nursing care. In 1970, nine persons were provided with holidays.

The Health Department was only responsible for this provision during the first three months of 1971, and it was not found necessary to provide any person with a holiday during this period. From 1st April 1971, the Social Services Department became responsible for providing recuperative holidays.

**LONG STAY IMMIGRANTS**

During 1970, the Health Department received advice notes in respect of 334 immigrants who had given destination addresses within the county. In 1971, advice notes were received for 254 immigrants.

Staff from the Health Department visit these addresses and in some cases it is found that the immigrant has not arrived or has already moved on to another part of the county.

Details of advice notes received over the last two years:

IMMIGRANTS	1970	1971
From Commonwealth Countries	145	155
From European Countries	144	80
From other Non-Commonwealth Countries	45	19
TOTAL	334	254

**REGISTRATION AND INSPECTION OF NURSING HOMES**

There were no new registrations during 1970, and at the end of the year there were 17 homes on the register, providing 406 beds. In 1971, two homes closed and the 15 homes on the register provided 397 beds.

Routine visits to these homes were undertaken by medical and nursing staff of the department during these two years.

MEDICAL FITNESS FOR EMPLOYMENT

In 1970, 633 persons completed a medical questionnaire form prior to taking up an appointment on the council staff. Following scrutiny of these forms it was considered necessary to medically examine 30 persons and as a result, it was advised that four of the applicants should only be offered temporary appointments and three others were considered medically unfit for employment.

During 1971, 792 persons completed questionnaires and 22 persons were medically examined. One of these persons was consequently found to be medically unfit for employment whilst two others were only appointed on a temporary basis in the first instance as a result of the advice given following the examination.

Apart from the medical examinations undertaken in connection with the medical questionnaire, the following examinations were carried out by the Health Department Medical Staff:

	1970	1971
Students entering Colleges of Education	452	541
Teachers	140	124
Council employees requiring H.G.V. Licences	33	76
Council staff (superannuation medical examinations)	38	27
Examinations for other Local Authorities	24	45
TOTAL	687	813

Investigations were carried out in respect of the health of 26 Council employees in 1970, and 4 were retired early on account of permanent ill-health. During 1971, there were 16 persons referred for advice and it was necessary to advise that four should retire early on account of ill-health.

MEDICAL ADVICE IN RESPECT OF DRIVING LICENCE APPLICATIONS

In 1970, 105 cases were referred for advice in respect of fitness to hold driving licences. Enquiries and investigations were carried out and appropriate recommendations were passed to the Clerk of the Council for the guidance of the Local Taxation Officer. It was considered that 21 persons were medically unfit to hold a driving licence.

During 1971, 234 cases were referred for an opinion and again 21 persons were considered to be unfit to hold a driving licence on account of medical reasons.

With regard to the 42 persons who were considered medically unfit during these two years, 33 were suffering from epilepsy, 5 were receiving treatment for a mental illness and 4 were liable to recurrent attacks of dizziness.

Three hundred and thirty-nine cases were investigated during the two years and this shows a considerable increase over the previous years (38 in 1968 and 35 in 1969). The increase was chiefly due to the new regulations concerning persons suffering from epilepsy which were introduced on 1st June 1970.



## APPENDIX A

### MEMBERSHIP OF COMMITTEES (As at 31/12/71)

#### Health Committee

SMITH, R. G.  
(*Chairman*)

ARBUTHNOTT, A.	MCCARTHY, MRS. H. E.
BOND, E. F. C.	PHILLIPS, G. W.
CHILD, DR. R.	PRATT, F. J.
DOWDING, MRS. D. W.	ROBINSON, MRS. N. C. L.
HARROP, C. A.	STEBBING, A. H. R.
HARVEY, MAJOR H. FAIRFAX	WALTER, DR. A. G.
HITCHCOCK, L. G.	WALTON, SQN. LDR. H. R.
HOOK, B. L.	WEST, R.
LAWRENCE, T. P.	WHITEHEAD, MISS R. W. R.
LONGWORTH, MRS. G. I.	WOOD, MRS. M. F. C.

#### Education - Special Services Sub-Committee

BROGDEN, J. N. S.  
(*Chairman*)

ABERY, F. E.	ROGERS, R. A.
BOARD-JONES, R. F.	SCOTT, MRS. B. E.
BURRELLS, W.	SHIRTLIFF, A.
GRAY, MAJOR H. W.	STAINFORTH, G. H.
HOYLE, MRS. D. A.	WATSON SMITH, MISS C. M.
LONGWORTH, MRS. G. I.	WEIR, MRS. E. M.
MCCARTHY, MRS. H. E.	WILLIAMS, MISS D.
MORCOM-HARNEIS, THE REV. CANON T. W.	WOOD, MRS. M. F. C. ( <i>Vice-Chairman</i> )
MURTAGH, THE VERY REV. CANON M. J.	

## APPENDIX B

### HEALTH DEPARTMENT STAFF

(As at 31/12/71)

#### County Medical Officer of Health and Principal School Medical Officer

D. E. CULLINGTON, M.A., M.B., B.CHIR., D.P.H., D.C.H.

#### Deputy County Medical Officer of Health and Deputy Principal School Medical Officer

F. T. HUNT, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

#### Senior Medical Officer

P. H. CIMA, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

#### Medical Officers of the Department and School Medical Officers

- \* J. E. B. BLACK, L.R.C.P., L.R.C.S., L.M.  
H. A. COWIE, M.R.C.S., L.R.C.P., D.A.
- \* J. L. DAVIES, M.B., B.S., M.R.C.S.  
D. L. V. FRASER, M.R.C.S., L.R.C.P., D.A.
- \* R. HANDY, M.B., B.S., D.P.H.  
J. G. HARCOURT-NORRIS, M.R.C.S., L.R.C.P.
- \* V. P. HOUGHTON, M.B., B.S., M.R.C.S., L.R.C.P., D.OBST., R.C.O.G.,  
\* F. R. HOWELL, M.B., CH.B., D.P.H. (F.P.A. CERT.)
- \* F. J. INGHAM, M.A., B.M., B.CH., D.P.H.  
A. J. JENKINS, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H.
- \* J. M. KINGSTON, L.R.C.P., M.R.C.S., M.B., B.S.
- \* R. M. LASLETT, CH.B., M.R.C.S., L.R.C.P., D.P.H.  
W. C. LEES, M.B., CH.B.
- \* H. D. McFARLANE, M.B., B.S., D.R.C.O.G., D.P.H.
- \* I. W. MacKICHAN, O.B.E., M.B., B.CH., D.T.M., AND H., D.P.H.  
O. P. MARKANDYA, L.R.C.P., L.R.C.S., L.R.F.P.S., D.M.S.A.
- \* S. J. McCLATCHEY, M.B., B.CH., B.A.O., D.P.H.
- \* D. S. PICKUP, L.M.S.S.A., M.B., B.S., D.P.H.
- \* K. SIMON, M.R.C.S., E.N.F., L.R.C.P.
- \* P. M. STALLARD, M.B., B.S., M.R.C.S.  
E. H. STEWART, L.R.C.P., L.R.C.S., L.R.F.P.S.  
A. M. WELLS-FURBY, M.A., B.M., B.CH.

#### Chief Dental Officer and Principal School Dental Officer

G. OGILVY, L.D.S., R.C.S.

#### Senior Dental Officers

MISS E. E. N. BUNNEMEYER, B.D.S.

R. LOVEWELL, L.D.S., R.C.S.

COL. C. A. PANK, L.D.S., R.C.S.

\* Part-time



## HEALTH DEPARTMENT STAFF—*continued*

### Dental Officers

- P. A. ADELINE, L.D.S., R.C.S., B.D.S.  
MRS. V. CAPEWELL, L.D.S., R.C.S., B.D.S.  
\* MISS A. F. CARTER  
\* MRS. C. CARTWRIGHT, B.D.S.  
MRS. G. B. COLLINS, L.D.S., R.C.S., B.O.S.  
D. DATT, L.D.S., M.B., CH.B.  
P. T. R. KNOX, L.D.S., R.C.S.  
\* MRS. J. MCGOWAN, B.D.S.  
MISS M. A. SAUNDERS, B.D.S., D.S., R.C.S.  
\* A. J. VAUGHAN, L.D.S.

### Dental Auxiliaries

- MRS. L. J. NOBLE  
MRS. S. V. STILLMAN  
\* MRS. P. M. TAYLOR

### Dental Surgery Assistants

13 Full-time and 2 Part-time

### County Nursing Officer

MRS. B. GETTINGS, S.R.N., S.C.M., H.V. CERT.

### Principal Nursing Officers

MISS A. J. M. HEMINGWAY, S.R.N., H.C. CERT.  
MISS J. McTRUSTY, S.R.N., S.C.M., H.V. Q.N.S.

### Senior Nursing Officers (Area)

MISS J. M. DAVIES, S.R.N., S.C.M., H.V.  
MISS I. GALER, S.R.N., S.C.M., H.V. CERT.  
MISS U. J. HASLAM, S.R.N., S.C.M., H.V. CERT. Q.N.S.  
MRS. P. V. HOLT, S.R.N., S.C.M. (Midwifery)  
MR. G. LANCASTER, S.R.N., R.M.S., R.N.M.S., Q.N.S.  
MISS J. MUNDY, S.R.N., R.S.C.N., H.V.  
MRS. M. WILEY, S.R.N., H.V.  
MISS A. WILSON, S.R.N., S.C.M., H.V. (Nurse Training)

### Senior School Nurse

MISS C. WILKS, S.R.N., Q.N.S., C.M.B.I.

### Nursing Staff

	Full-time	Part-time
HEALTH VISITORS	77	19
DISTRICT MIDWIVES	40	3
DISTRICT NURSES	93	31
COMBINED APPOINTMENTS	23	1
SCHOOL NURSES	18	2
CLINIC NURSES	—	2
SCHOOL NURSING ASSISTANTS	—	3
NURSING AUXILIARIES	6	46

### Chief Chiropodist

J. F. WEBSTER, MS.CH., L.CH., M.R.S.H., S.R.CH., M.CH.S.

\* Part-time

**Chief Ambulance Officer**

L. C. J. HARLOW, F.I.A.O., F.I.C.A.P.

**Principal Speech Therapist**

MRS. A. R. HUGHES, L.C.S.T.

**Speech Therapists**

6 Full-time                      9 Part-time

**Principal Administrative Officer**

J. G. OAKLEY

**Senior Administrative Officer**

A. T. WHITBREAD

**Section Heads**

R. S. HOLMAN                      P. J. SMITH



## APPENDIX C

### STATISTICAL TABLES

TABLE 1	.	.	.	NOTIFICATION OF INFECTIOUS DISEASES
TABLE 2	.	.	.	CAUSES OF DEATH
TABLE 3	.	.	.	MENTAL HEALTH STATISTICS 1970
TABLE 4	.	.	.	AMBULANCE SERVICE STATISTICS
TABLE 5	.	.	.	SCHOOL HEALTH SERVICE STATISTICS

TABLE 1A—NOTIFICATIONS OF INFECTIOUS DISEASES 1970

DISEASES NOTIFIED	CASES NOTIFIED IN URBAN DISTRICTS							CASES NOTIFIED IN RURAL DISTRICTS													
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage Urban	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham	Total Rural Districts	Total County
Diphtheria .....	.....	.....	.....	.....	.....	.....	.....	.....	2	1	13	5	2	.....	.....	1	1	2	4	31	32
Dysentery .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Encephalitis, acute (infective) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Encephalitis, acute (post-infectious) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Food poisoning .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Malaria .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Measles .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Meningitis (acute) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ophthalmia neonatorum .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paratyphoid fever .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tetanus .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Poliomyelitis, acute (paralytic) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Poliomyelitis, acute (non-paralytic) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Infective jaundice .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scarlet fever .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Smallpox .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tuberculosis, respiratory .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tuberculosis, meninges, central nervous system .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tuberculosis, other forms .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Typhoid fever .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Whooping cough .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....



TABLE 1B—NOTIFICATION OF INFECTIOUS DISEASES, 1971

DISEASES NOTIFIED	CASES NOTIFIED IN URBAN DISTRICTS							CASES NOTIFIED IN RURAL DISTRICTS													
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage Urban	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham	Total Rural Districts	Total County
Diphtheria .....	3	4	—	3	—	9	3	22	—	—	2	35	1	—	—	1	4	—	5	48	70
Dysentery .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis, acute (infective) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis, acute (post-infectious) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning .....	1	5	—	1	—	2	—	9	3	6	4	8	5	1	1	2	5	2	6	43	52
Malaria .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles .....	45	100	134	91	1	7	253	631	127	271	31	268	53	267	266	2	64	32	427	1808	2439
Meningitis (acute) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum .....	—	—	—	—	—	—	—	—	—	—	—	12	—	—	—	—	—	—	—	—	—
Paratyphoid fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tetanus .....	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute (paralytic) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute (non-paralytic) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective jaundice .....	1	3	5	2	—	1	2	14	4	13	3	8	—	—	28	—	—	2	13	71	85
Scarlet fever .....	2	6	—	18	—	7	19	52	4	3	1	29	—	1	1	—	13	7	12	71	123
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respiratory .....	4	8	6	2	—	4	3	27	4	9	2	1	1	2	1	4	1	2	8	35	62
Tuberculosis, meninges, central nervous system .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, other forms .....	—	7	—	1	—	—	—	8	1	1	—	1	—	—	—	—	—	2	5	10	18
Typhoid fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough .....	5	7	13	10	—	2	4	41	4	19	—	41	—	—	2	2	3	2	57	130	171

TABLE 2A — CAUSES OF, AND AGES AT DEATH, 1970

Causes of Death in County	Net Deaths in Age Groups of "Residents", whether occurring within or without the County											
	Age Groups											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & Over
Enteritis & other Diarrhoeal Diseases .....	6	—	3	1	—	—	—	—	—	1	1	1
Tuberculosis of Respiratory System .....	9	—	—	—	—	—	—	2	—	—	—	4
Other Tuberculosis .....	2	—	—	—	—	—	—	—	—	—	2	—
Measles .....	1	1	—	—	—	—	—	—	—	—	—	—
Other Infective & Parasitic Diseases .....	8	—	2	—	—	—	—	—	1	—	—	3
Malignant Neoplasm—Buccal Cavity .....	16	—	—	—	—	—	—	—	5	1	—	7
Oesophagus .....	29	—	—	—	—	—	—	1	7	8	—	8
Stomach .....	73	—	—	—	—	—	1	1	15	20	28	28
Intestine .....	126	—	—	—	—	1	—	3	30	30	50	50
Larynx .....	6	—	—	—	—	—	—	—	3	1	2	2
Lung Bronchus .....	207	—	—	—	—	1	—	3	61	74	44	44
Breast .....	90	—	—	—	—	—	1	7	25	22	18	18
Uterus .....	30	—	—	—	—	—	—	1	6	7	8	8
Prostate .....	40	—	—	—	—	—	—	—	6	13	21	21
Leukaemia .....	31	—	1	1	6	4	1	—	5	9	3	3
Other Malignant Neoplasms .....	245	—	—	1	1	1	4	14	54	69	73	73
Benign and Unspecified Neoplasms .....	10	—	—	1	—	—	1	1	2	1	2	2
Diabetes Mellitus .....	33	—	—	—	—	—	2	1	8	7	14	14
Other Endocrine Diseases .....	21	—	—	1	—	1	1	—	6	4	8	8
Anaemias .....	12	—	—	—	—	1	—	1	—	—	10	10
Other Blood Diseases .....	2	—	—	—	—	—	—	—	—	1	1	1
Mental Disorders .....	11	—	—	—	—	1	1	—	2	4	3	3
Meningitis .....	1	—	—	—	—	1	—	—	—	—	—	—
Other Diseases of Nervous System .....	50	—	3	2	1	2	3	1	6	13	16	16
Acute Rheumatic Fever .....	1	—	—	—	—	—	—	—	—	—	—	—
Chronic Rheumatic Heart Disease .....	49	—	—	—	—	—	1	—	10	14	17	17
Hypertensive Disease .....	59	—	—	—	—	—	—	—	8	23	27	27
Ischaemic Heart Diseases .....	1019	—	—	—	—	—	3	20	153	245	520	520



TABLE 2A—CAUSES OF, AND AGES AT DEATH 1970

Net Deaths in Age Groups of "Residents", whether occurring within or without the County												
Causes of Death in County	Age Groups											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & Over
Other forms of Heart Disease .....	224	—	—	—	—	2	2	2	4	10	34	170
Cerebro-Vascular Disease .....	557	—	—	—	—	—	3	4	11	55	118	366
Other Diseases of Circulatory System .....	185	—	—	—	—	1	—	2	6	16	43	117
Influenza .....	41	—	—	—	1	1	—	1	3	6	12	17
Pneumonia .....	355	1	4	3	1	1	2	1	6	16	72	248
Bronchitis and Emphysema .....	154	—	—	—	—	—	—	1	3	23	56	71
Asthma .....	14	—	—	—	—	—	1	3	2	1	3	2
Other Respiratory System Diseases .....	48	1	10	1	—	—	—	3	2	3	7	21
Peptic Ulcer .....	26	—	—	—	—	—	—	—	—	2	7	17
Appendicitis .....	4	—	—	—	1	—	—	—	1	1	—	1
Intestinal Obstruction—Hernia .....	18	1	1	—	—	1	—	1	—	1	5	8
Cirrhosis of Liver .....	9	—	—	—	—	—	—	1	1	3	2	2
Other Digestive System Diseases .....	27	1	—	—	1	—	—	1	2	3	5	14
Nephritis and Nephrosis .....	18	—	—	—	—	—	—	2	3	7	2	4
Hyperplasia of Prostate .....	9	—	—	—	—	—	—	—	—	—	3	6
Other Genito -Urinary Diseases .....	31	—	—	—	1	—	—	1	2	2	11	14
Diseases of Skin, Subcutaneous Tissue .....	1	—	—	—	—	—	—	—	—	1	—	—
Diseases of Musculo-Skeletal System .....	14	—	—	—	1	2	—	—	1	4	—	6
Congenital Abnormalities .....	29	12	5	4	4	—	1	—	1	1	1	—
Birth Injury, Difficult Labour .....	40	39	1	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality .....	12	12	—	—	—	—	—	—	—	—	—	—
Symptoms and Ill-Defined Conditions .....	49	—	—	—	—	—	—	—	—	—	—	—
Motor Vehicle Accidents .....	83	—	—	4	4	24	14	6	6	7	10	46
All Other Accidents .....	84	1	7	4	3	5	6	5	1	5	11	8
Suicide and Self-Inflicted Injuries .....	30	—	—	—	—	7	4	2	5	6	3	36
All Other External Causes .....	17	—	—	1	—	2	1	1	2	3	3	4
Total All Causes .....	4266	69	37	24	25	60	52	93	266	592	979	2069

TABLE 2B—CAUSES OF, AND AGES AT DEATH, 1971.

Net Deaths in Age Groups of "Residents", whether occurring within or without the County										
Causes of Death in County	Age Groups									
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1-4	5-14	15-24	25-34	35-44	45-54	55-64
Enteritis & other Diarrhoeal Diseases	4	—	3	—	—	—	—	—	—	—
Tuberculosis of Respiratory System	6	—	—	—	—	—	—	—	—	—
Late Effects of Respiratory T.B.	1	—	—	—	—	—	—	—	—	—
Syphilis	2	—	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases	11	3	—	—	—	—	—	—	—	—
Malignant Neoplasm—Buccal Cavity	9	—	—	—	—	—	—	—	—	—
Oesophagus	19	—	—	—	—	—	—	—	—	—
Stomach	73	—	—	—	—	—	—	—	—	—
Intestine	132	—	—	—	—	—	—	—	—	—
Larynx	4	—	—	—	—	—	—	—	—	—
Lung, Bronchus	236	—	—	—	—	—	—	—	—	—
Breast	99	—	—	—	—	—	—	—	—	—
Uterus	23	—	—	—	—	—	—	—	—	—
Prostate	36	—	—	—	—	—	—	—	—	—
Leukaemia	24	—	1	—	3	2	—	—	—	—
Other Malignant Neoplasms	267	—	—	2	3	5	5	15	30	63
Benign and Unspecified Neoplasms	13	—	—	—	1	1	—	—	—	—
Diabetes Mellitus	33	—	—	—	—	—	—	—	—	—
Avitaminosis	1	—	—	—	—	—	—	—	—	—
Other Endocrine Diseases	7	—	—	—	—	—	—	—	—	—
Anaemias	10	—	—	—	—	—	—	—	—	—
Other Blood Disorders	3	—	—	—	—	—	—	—	—	—
Mental Disorders	12	—	—	—	—	—	—	—	—	—
Meningitis	2	1	1	—	—	—	—	—	—	—
Multiple Sclerosis	9	—	—	—	—	—	—	—	—	—
Other Nervous System Disorders	55	—	—	—	3	1	1	2	6	8
Chronic Pneumatic Heart Disease	38	—	—	—	—	—	—	—	—	—
Hypertensive Disease	46	—	—	—	—	—	—	—	—	—
Ischaemic Heart Disease	1056	—	—	—	—	—	—	—	—	—



TABLE 2B—CAUSES OF, AND AGES AT DEATH, 1971

Causes of Death in County	Net Deaths in Age Groups of "Residents", whether occurring within or without the County											
	Age Group											
	Total All Ages	Under 4 Weeks	4 Weeks & Under 1 Year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & Over
Other Forms of Heart Disease .....	284	1	—	—	—	—	—	1	7	24	57	194
Cerebro-Vascular Disease .....	624	—	—	—	2	—	4	3	22	54	131	408
Other Circulatory System Disease .....	182	—	—	—	—	—	—	4	6	18	50	104
Influenza .....	3	—	—	—	—	—	—	—	—	1	1	1
Pneumonia .....	385	—	4	1	1	—	—	1	5	12	53	308
Bronchitis and Emphysema .....	167	—	—	—	—	—	—	2	7	27	60	71
Asthma .....	12	—	—	—	—	—	—	—	4	2	3	3
Other Respiratory System Diseases .....	37	—	—	1	1	—	—	—	2	7	7	19
Peptic Ulcer .....	11	—	—	—	—	—	—	—	1	1	5	4
Appendicitis .....	2	—	—	—	1	—	—	1	—	—	—	—
Intestinal Obstruction and Hernia .....	18	2	—	—	—	—	—	—	2	1	2	14
Cirrhosis of Liver .....	8	—	—	—	1	—	—	—	2	1	1	3
Other Digestive System Disorders .....	32	—	1	—	—	1	1	1	2	4	7	15
Nephritis and Nephrosis .....	10	—	—	—	—	—	—	—	—	—	5	5
Hyperplasia of Prostate .....	9	—	—	—	—	—	—	—	—	—	3	6
Other Genito-Urinary Diseases .....	27	—	—	—	—	—	—	—	2	1	4	20
Diseases of Skin, Subcutaneous Tissue .....	1	—	—	—	—	—	—	—	—	—	1	—
Diseases of Musculo-Skeletal System .....	17	—	—	1	—	—	1	—	1	1	3	10
Congenital Abnormalities .....	44	17	10	7	2	1	1	2	3	—	—	1
Birth Injury, Difficult Labour .....	39	39	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality .....	18	18	—	—	—	—	—	—	—	—	—	—
Ill Defined Conditions .....	66	—	4	1	—	1	—	1	—	—	1	58
Motor Vehicle Accidents .....	92	—	—	1	7	26	13	8	10	12	10	5
All Other Accidents .....	90	—	7	6	3	4	5	4	4	3	9	45
Suicide and Self-Inflicted Injuries .....	21	—	—	—	—	2	4	5	2	3	4	1
All other External Causes .....	16	—	—	—	3	1	3	1	5	—	2	1
Total—All Causes .....	4446	81	31	20	32	46	43	95	284	594	1036	2186

MENTAL HEALTH STATISTICS

TABLE 3A  
PATIENTS UNDER LOCAL HEALTH AUTHORITY CARE (31st DECEMBER, 1970)

Category	Mentally Ill		Psychoopathic		Mentally Handicapped		Severely Mentally Handicapped	
	Under	16+	Under	16+	Under	16+	Under	16+
Attending Day Training Centre .....	—	—	—	—	—	—	207	88
Awaiting Entry .....	—	—	—	—	—	—	26	27
Attending Hospital Day Centres .....	—	—	—	—	—	—	1	12
Receiving Home Training .....	—	2	—	—	—	2	—	12
Resident in Local Authority Home / Hostel	—	24	—	—	—	10	14	7
Resident in other Homes / Hostels .....	—	3	—	—	—	4	9	3
Awaiting Residence in Homes / Hostels .....	—	—	—	—	—	16	—	12
Receiving Home Visits ( <i>not included above</i> )	1	123	—	5	—	214	33	109
TOTAL NUMBER .....	1	152	—	5	—	317	290	270



MENTAL HEALTH STATISTICS

TABLE 3B PATIENTS AWAITING ADMISSION TO HOSPITAL (31st DECEMBER, 1970)

PATIENTS ADMITTED FOR TEMPORARY RESIDENTIAL CARE, 1970

Category	Mentally Ill		Psychopathic		Mentally Handicapped		Severely Mentally Handicapped	
	Under 16	16+	Under 16	16+	Under 16	16+	Under 16	16+
Awaiting admission to hospital:								
(a) Urgent	—	—	—	—	—	—	5	4
(b) Non-urgent	—	—	—	—	—	1	39	10
(c) Total	—	—	—	—	—	1	44	14
Admitted for temporary care:								
(a) To National Health Service Hospital	—	15	—	—	—	8	64	1
(b) To Local Authority Accommodation	—	—	—	—	—	—	—	—
(c) Elsewhere	—	1	—	—	—	—	—	—
(d) TOTAL	—	16	—	—	—	8	64	1

TABLE 4

**AMBULANCE SERVICE STATISTICS**

In Respect of the Years 1969 - 1971

		1969	1970	1971
A. Number of Patients Carried:				
By Ambulance Vehicles	.....	111,939	107,280	111,818
By Hospital Car Service	.....	45,504	47,985	48,347
B. Mileage:				
Ambulance Vehicles	.....	854,328	849,805	899,690
Hospital Car Service	.....	847,422	856,605	890,483
C. Average number of Miles per Patient:				
Ambulance Vehicles	.....	7·6	7·9	8·0
Hospital Car Service	.....	18·4	17·8	18·4
D. Number of Patients Conveyed:				
Illness	.....	105,877	101,180	105,889
Accidents	.....	3,669	4,094	4,098
Maternity	.....	1,843	1,906	1,831
Car Removals	.....	45,504	47,985	48,347
TOTAL	.....	156,893	155,265	160,165
E. Patients Conveyed per 1,000 Population:				
Illness	.....	213·4	200·8	206·1
Accidents	.....	7·4	8·3	7·9
Maternity	.....	3·7	3·7	3·5
Car Removals	.....	91·7	95·2	94·1
All Cases	.....	316·3	308·2	311·8
F. Patients Transferred and County Population:				
Patients.....	.....	156,893	155,265	160,165
Population	.....	496,010	503,770	513,650



TABLE 5

## STATISTICAL TABLES (SCHOOL HEALTH SERVICE) 1970

## PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)TABLE A  
PERIODIC MEDICAL INSPECTIONS

Age groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		Number Satisfactory	Number Unsatisfactory
(1)	(2)	(3)	(4)
1966 and later	504	504	—
1965	2,890	2,887	3
1964	5,551	5,543	8
1963	1,297	1,295	2
1962	762	759	3
1961	569	568	1
1960	1,477	1,470	7
1959	877	875	2
1958	818	817	1
1957	513	513	—
1956	2,305	2,302	3
1955 and earlier	3,632	3,631	1
TOTAL	21,195	21,164	31

TABLE B  
PUPILS FOUND TO REQUIRE TREATMENT  
AT PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	For Defective Vision (Excluding Squint)	For any other conditions recorded in Part II A	Total Individual Pupils
1966 and later	20	93	110
1965	138	433	536
1964	321	1,002	1,206
1963	82	258	310
1962	69	142	191
1961	41	98	129
1960	150	218	344
1959	116	129	237
1958	105	122	216
1957	75	77	134
1956	252	335	553
1955 and earlier	582	456	963
TOTAL	1,951	3,363	4,929

TABLE C OTHER INSPECTIONS	
Number of Special Inspections	1,755
Number of Re-Inspections	3,648
TOTAL	5,403

TABLE D

INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons .....	45,021
(2)	Total number of individual pupils found to be infested .....	450
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	—
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	—

PART II

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A

PERIODIC INSPECTIONS

Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		'T'	'O'	'T'	'O'	'T'	'O'	'T'	'O'
4	Skin .....	258	195	210	108	109	91	577	394
5	Eyes (a) Vision .....	650	376	789	268	512	204	1951	848
	(b) Squint .....	213	117	22	13	58	31	293	161
	(c) Other.....	28	53	17	19	14	17	59	89
6	Ears (a) Hearing .....	364	636	23	105	107	162	494	903
	(b) Otitis Media .....	96	260	16	18	23	39	135	317
	(c) Other .....	28	77	15	8	13	12	56	97
7	Nose and Throat .....	250	696	61	61	59	111	370	868
8	Speech .....	191	514	9	34	51	66	251	614
9	Lymphatic Glands .....	4	119	3	1	2	14	9	134
10	Heart .....	38	253	8	47	15	47	61	347
11	Lungs .....	186	253	63	52	56	72	305	377
12	Development (a) Hernia .....	47	86	3	4	6	9	56	99
	(b) Other .....	61	304	56	60	55	103	172	467
13	Orthopaedic (a) Posture .....	7	69	18	35	5	28	30	132
	(b) Feet .....	111	350	51	105	41	100	203	555
	(c) Other .....	61	201	58	64	24	54	143	319
14	Nervous System (a) Epilepsy .....	29	34	19	10	11	12	59	56
	(b) Other .....	8	70	14	28	15	29	37	127
15	Psychological (a) Development .....	67	324	33	27	69	76	169	427
	(b) Stability .....	76	742	19	109	37	176	132	1027
16	Abdomen .....	40	102	25	39	16	41	81	182
17	Other .....	143	298	111	95	95	128	349	521

'T' - means requiring treatment    'O' - means requiring observation

TABLE B  
SPECIAL INSPECTIONS

<i>Defect Code No.</i>	<i>Defect or Disease</i>	<i>Treatment</i>	<i>Requiring Observation</i>
4	Skin .....	70	27
5	Eyes (a) Vision .....	193	92
	(b) Squint .....	43	13
	(c) Other .....	6	11
6	Ears (a) Hearing .....	39	123
	(b) Otitis Media .....	8	17
	(c) Other .....	4	3
7	Nose and Throat .....	54	80
8	Speech..... .....	26	37
9	Lymphatic Glands .....	1	7
10	Heart .....	8	36
11	Lungs .....	49	53
12	Development (a) Hernia .....	4	5
	(b) Other .....	42	64
13	Orthopaedic (a) Posture .....	6	34
	(b) Feet .....	22	52
	(c) Other .....	13	20
14	Nervous System (a) Epilepsy .....	7	4
	(b) Other .....	10	25
15	Psychological (a) Development .....	59	51
	(b) Stability .....	53	162
16	Abdomen .....	14	26
17	Other .....	65	45



### PART III

#### TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A  
EYE DISEASE, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	155
Errors of refraction (including squint) .....	3,563
TOTAL .....	3,718
Number of pupils for whom spectacles were prescribed .....	1,006

TABLE B  
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:—	
(a) for diseases of the ear .....	1
(b) for adenoids and chronic tonsilitis .....	22
(c) for other nose and throat conditions .....	4
Received other forms of treatment .....	3
TOTAL .....	30
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1970 .....	32
(b) in previous years .....	138

TABLE C  
ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at clinics or out-patients departments .....	417
(b) Pupils treated at school for postural defects .....	—
TOTAL .....	417

TABLE D

DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table D part I)

								<i>Number of cases known to have been dealt with</i>
Ringworm:	(i)	Scalp	.....	.....	.....	.....	.....	14
	(ii)	Body	.....	.....	.....	.....	.....	4
Scabies	.....	.....	.....	.....	.....	.....	.....	33
Impetigo	.....	.....	.....	.....	.....	.....	.....	46
Other skin diseases	.....	.....	.....	.....	.....	.....	.....	36
TOTAL								133

TABLE E

CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance clinics	.....	.....	.....	647
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TABLE F

SPEECH THERAPY

Pupils treated by Speech Therapists	.....	.....	.....	.....	612
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TABLE G

OTHER TREATMENT GIVEN

(a) Pupils with minor ailments.....	.....	.....	.....	.....	420
(b) Pupils who received convalescent treatment under School Health Service arrangements	.....	.....	.....	.....	—
(c) Pupils who received B.C.G. vaccination	.....	.....	.....	.....	3,604
(d) Pupils who have received Diph/Tet/Polio reinforcing doses:—					
Polio boosters	.....	.....	.....	.....	1,993
Diph/Tet boosters	.....	.....	.....	.....	1,897
Diphtheria immunisations	.....	.....	.....	.....	113
TOTAL					8,027

# PART IV

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

<i>Attendances and Treatment</i>							TOTALS
First visit in year	.....	.....	.....	.....	.....	.....	6,694
Subsequent visit	.....	.....	.....	.....	.....	.....	10,947
Total visits	.....	.....	.....	.....	.....	.....	17,641
Additional courses of treatment commenced	.....	.....	.....	.....	.....	.....	1,410
Fillings in permanent teeth	.....	.....	.....	.....	.....	.....	8,764
Fillings in deciduous teeth	.....	.....	.....	.....	.....	.....	6,553
Total	.....	.....	.....	.....	.....	.....	15,317
Permanent teeth filled	.....	.....	.....	.....	.....	.....	7,465
Deciduous teeth filled	.....	.....	.....	.....	.....	.....	6,320
Total	.....	.....	.....	.....	.....	.....	13,785
Permanent teeth extracted	.....	.....	.....	.....	.....	.....	900
Deciduous teeth extracted	.....	.....	.....	.....	.....	.....	3,876
Total	.....	.....	.....	.....	.....	.....	4,776
General anaesthetics	.....	.....	.....	.....	.....	.....	1,826
Emergencies	.....	.....	.....	.....	.....	.....	638
Number of pupils X-rayed	.....	.....	.....	.....	.....	.....	571
Prophylaxis	.....	.....	.....	.....	.....	.....	1,546
Teeth otherwise conserved	.....	.....	.....	.....	.....	.....	684
Number of teeth root filled	.....	.....	.....	.....	.....	.....	34
Inlays	.....	.....	.....	.....	.....	.....	1
Crowns	.....	.....	.....	.....	.....	.....	9
Courses of treatment completed	.....	.....	.....	.....	.....	.....	6,164
ORTHODONTICS:							
Cases remaining from previous year	.....	.....	.....	.....	.....	.....	40
New cases commenced during year	.....	.....	.....	.....	.....	.....	66
Cases completed during year	.....	.....	.....	.....	.....	.....	48
Cases discontinued during year	.....	.....	.....	.....	.....	.....	4
No. of removable appliances fitted	.....	.....	.....	.....	.....	.....	87
No. of fixed appliances fitted	.....	.....	.....	.....	.....	.....	—
Pupils referred to Hospital Consultant	.....	.....	.....	.....	.....	.....	29
PROSTHETICS:							
Pupils supplied with F.U. or F.L. (first time)	.....	.....	.....	.....	.....	.....	—
Pupils supplied with other dentures (first time)	.....	.....	.....	.....	.....	.....	8
Number of dentures supplied	.....	.....	.....	.....	.....	.....	9
ANAESTHETICS:							
General Anaesthetics administered by Dental Officers	.....	.....	.....	.....	.....	.....	—
INSPECTIONS:							
(a) First inspection at school. Number of Pupils	.....	.....	.....	.....	.....	.....	37,046
(b) First inspection at clinic. Number of Pupils	.....	.....	.....	.....	.....	.....	2,311
Number of (a) and (b) found to require treatment	.....	.....	.....	.....	.....	.....	15,696
Number of (a) and (b) offered treatment	.....	.....	.....	.....	.....	.....	12,456
(c) Pupils re-inspected at school or clinic	.....	.....	.....	.....	.....	.....	3,977
Number of (c) found to require treatment	.....	.....	.....	.....	.....	.....	2,079

### SESSIONS

Sessions devoted to treatment	.....	.....	.....	.....	.....	.....	3,368
Sessions devoted to Inspection	.....	.....	.....	.....	.....	.....	375
Sessions devoted to Dental Health Education	.....	.....	.....	.....	.....	.....	248



TABLE 6

## STATISTICAL TABLES (SCHOOL HEALTH SERVICE) 1971

## PART I

MEDICAL INSPECTION OF PUPILS  
ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)TABLE A  
PERIODIC MEDICAL INSPECTIONS

<i>Age groups Inspected (By year of Birth)</i> (1)	<i>No. of Pupils Inspected</i> (2)	<i>Physical Condition of Pupils Inspected</i>	
		<i>Number Satisfactory</i> (3)	<i>Number Unsatisfactory</i> (4)
1967 and later	560	560	—
1966	2,962	2,960	2
1965	5,293	5,292	1
1964	1,108	1,104	4
1963	550	548	2
1962	426	425	1
1961	1,199	1,199	—
1960	813	813	—
1959	761	761	—
1958	470	470	—
1957	2,203	2,201	2
1956 and earlier	3,229	3,223	6
TOTALS	19,574	19,556	18

TABLE B

PUPILS FOUND TO REQUIRE TREATMENT  
AT PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (By year of Birth)</i>	<i>For Defective Vision (excluding Squint)</i>	<i>For any other conditions recorded in Part II A</i>	<i>Total Individual Pupils</i>
1967 and later	25	96	115
1966	166	492	619
1965	341	1,006	1,241
1964	104	279	356
1963	49	100	139
1962	40	77	111
1961	94	232	301
1960	87	136	212
1959	80	123	188
1958	57	87	124
1957	261	408	593
1956 and earlier	581	526	1,009
TOTALS	1,888	3,562	5,004

TABLE C

OTHER INSPECTIONS

Number of Special Inspections	.....	.....	2,008
Number of Re-Inspections	.....	.....	3,705
TOTAL	.....	.....	5,713

TABLE D

INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons.....	72,644
(2)	Total number of individual pupils found to be infested .....	697
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) .....	—
(4)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .....	—

## PART II

## DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A  
PERIODIC INSPECTIONS

Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		'T'	'O'	'T'	'O'	'T'	'O'	'T'	'O'
4	Skin	214	209	220	104	116	64	551	377
5	Eyes (a) Vision	700	396	800	232	388	210	1888	838
	(b) Squint	209	148	36	13	72	31	317	192
	(c) Other	29	36	23	11	11	17	63	64
6	Ears (a) Hearing	380	666	39	92	101	176	520	934
	(b) Otitis Media	105	254	15	27	20	31	140	312
	(c) Other	30	44	24	9	11	12	65	65
7	Nose and Throat	272	670	110	72	89	102	471	844
8	Speech	156	417	16	20	45	66	217	503
9	Lymphatic Glands	7	124	2	6	4	10	13	140
10	Heart	19	240	7	39	11	64	37	343
11	Lungs	139	271	59	62	52	77	250	410
12	Development:								
	(a) Hernia	47	72	2	7	6	13	55	92
	(b) Other	56	241	51	77	53	77	160	395
13	Orthopaedic:								
	(a) Posture	1	42	18	80	9	49	28	171
	(b) Feet	101	382	65	156	67	98	233	636
	(c) Other	56	179	52	80	25	54	133	313
14	Nervous System:								
	(a) Epilepsy	21	19	14	4	14	15	49	38
	(b) Other	12	64	13	24	16	40	41	128
15	Psychological:								
	(a) Development	34	263	15	53	52	119	101	435
	(b) Stability	78	613	33	119	45	193	156	925
16	Abdomen	53	91	19	36	22	36	94	163
17	Other	181	257	162	102	98	88	441	447

'T' - means requiring treatment      'O' - means requiring observation



TABLE B

## SPECIAL INSPECTIONS

<i>Defect Code No.</i>	<i>Defect or Disease</i>					<i>Treatment</i>	<i>Requiring Observation</i>
4	Skin	.....	.....	.....	.....	70	22
5	Eyes	(a) Vision	.....	.....	.....	254	63
		(b) Squint	.....	.....	.....	23	13
		(c) Other	.....	.....	.....	10	7
6	Ears	(a) Hearing	.....	.....	.....	62	119
		(b) Otitis Media	.....	.....	.....	16	18
		(c) Other	.....	.....	.....	7	5
7	Nose and Throat	.....	.....	.....	.....	35	53
8	Speech.....	.....	.....	.....	.....	24	28
9	Lymphatic Glands	.....	.....	.....	.....	1	7
10	Heart	.....	.....	.....	.....	2	42
11	Lungs	.....	.....	.....	.....	44	33
12	Development	(a) Hernia	.....	.....	.....	5	6
		(b) Other	.....	.....	.....	28	54
13	Orthopaedic	(a) Posture	.....	.....	.....	1	25
		(b) Feet	.....	.....	.....	31	47
		(c) Other	.....	.....	.....	11	27
14	Nervous System	(a) Epilepsy	.....	.....	.....	11	7
		(b) Other	.....	.....	.....	12	15
15	Psychological	(a) Development	.....	.....	.....	49	63
		(b) Stability	.....	.....	.....	48	179
16	Abdomen	.....	.....	.....	.....	14	27
17	Other	.....	.....	.....	.....	53	43

## PART III

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A  
EYE DISEASE, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and Other, excluding errors of refraction and squint	147
Errors of Refraction (including squint)	4,236
TOTAL	4,383
Number of pupils for whom spectacles were prescribed	1,248

TABLE B

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear .....	20
(b) for adenoids and chronic tonsilitis .....	67
(c) for other nose and throat conditions .....	23
Received other forms of treatment .....	16
TOTAL .....	126
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1971 .....	39
(b) in previous years .....	127

TABLE C  
ORTHOPAEDIC AND POSTURAL DEFECTS

			<i>Number of cases known to have been dealt with</i>
(a)	Pupils treated at clinics or out-patients departments	.....	437
(b)	Pupils treated at school for postural defects	.....	4
	TOTAL	.....	441

TABLE D

DISEASES OF THE SKIN  
(excluding uncleanness, for which see Table D Part I)

									<i>Number of cases known to have been dealt with</i>
Ringworm	(i)	Scalp	.....	.....	.....	.....	.....	.....	—
	(ii)	Body	.....	.....	.....	.....	.....	.....	4
Scabies	.....	.....	.....	.....	.....	.....	.....	.....	32
Impetigo	.....	.....	.....	.....	.....	.....	.....	.....	39
Other skin diseases			.....	.....	.....	.....	.....	.....	53
TOTAL							.....	.....	128

TABLE E

CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	.....	.....	.....	691
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TABLE F

SPEECH THERAPY

Pupils treated by Speech Therapists	.....	.....	.....	824
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TABLE G

OTHER TREATMENT GIVEN

(a) Pupils with minor ailments	.....	.....	.....	.....	409
(b) Pupils who received convalescent treatment under School Health Service arrangements	.....	.....	.....	.....	—
(c) Pupils who received B.C.G. vaccination	.....	.....	.....	.....	3,888
(d) Pupils who have received Diph/Tet/Polio re-inforcing doses:					
Polio boosters	.....	.....	.....	.....	2,217
Diph/Tet boosters	.....	.....	.....	.....	1,950
Diphtheria Immunisations	.....	.....	.....	.....	129
TOTAL	.....	.....	.....	.....	8,593



## PART IV

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

<i>Attendances and Treatment</i>	TOTAL
First visit .....	7,522
Subsequent visit .....	13,371
Total visits .....	20,893
Additional courses of Treatment commenced .....	1,130
Fillings in permanent teeth .....	10,320
Fillings in deciduous teeth .....	7,310
Permanent teeth filled .....	8,775
Deciduous teeth filled .....	6,765
Permanent teeth extracted .....	1,251
Deciduous teeth extracted .....	4,176
General Anaesthetics .....	2,157
Emergencies .....	521
Number of pupils X-rayed .....	653
Prophylaxis .....	2,155
Teeth otherwise conserved .....	982
Number of teeth root filled .....	21
Inlays .....	3
Crowns .....	40
Courses of treatment completed .....	9,782
<b>ORTHODONTICS:</b>	
Cases remaining from previous year .....	63
New cases commenced during year .....	52
Cases completed during year .....	51
Cases discontinued during year .....	11
No. of removable appliances fitted .....	59
No. of fixed appliances fitted.....	—
Pupils referred to Hospital Consultant .....	83
<b>PROSTHETICS:</b>	
Pupils supplied with F.U. or F.L. (first time) .....	1
Pupils supplied with other dentures (first time) .....	10
Number of dentures supplied.....	11
<b>ANAESTHETICS:</b>	
General Anaesthetics administered by Dental Officers	405
 <b>INSPECTIONS:</b>	
(a) First inspection at school. Number of Pupils .....	44,242
(b) First inspection at clinic. Number of Pupils .....	5,434
Number of (a) and (b) found to require treatment .....	19,189
Number of (a) and (b) offered treatment .....	16,804
(c) Pupils re-inspected at School Clinic .....	1,567
Number of (c) found to require treatment .....	1,201
<b>SESSIONS</b>	
Sessions devoted to Treatment .....	2,891
Sessions devoted to Inspection .....	465
Sessions devoted to Dental Health Education .....	254

TABLE 7

**HANDICAPPED PUPILS (SCHOOL HEALTH SERVICE)**

CATEGORIES OF HANDICAPPED PUPILS—  
NUMBERS AT THE END OF 1970 AND 1971

				AT SPECIAL SCHOOL UNIT OR HOSTEL		AT HOME		ASCERTAINED DURING	
				1970	1971	1970	1971	1970	1971
Blind	.....	.....	.....	11	11	—	—	3	2
Partially sighted.....			.....	12	16	—	16	5	6
Deaf	.....	.....	.....	19	19	—	—	3	6
Partially hearing			.....	37	48	—	—	3	3
Epileptic .....	.....	.....	.....	6	5	—	—	2	3
Maladjusted	.....	.....		182	216	10	12	106	78
Speech defect	.....	.....		3	4	—	—	2	3
Physically handicapped				75	76	10	6	23	12
Delicate .....	.....	.....	.....	28	40	3	6	16	17
Educationally subnormal				748	1,062	11	6	181	190









